DELAWARE FORM 200-01-X

2017

RESIDENT AMENDED PERSONAL INCOME TAX RETURN

					,												
		scal year beginning ur Social Security No.	Sne	and ending ouse's Socia		ıln				EII	ING	CTAT	TI IC /AAI I	ST CHECK	ONE		
띪		****	,	****	-		* *		Single,			SIA	•	8. Filing Sep	•	r	Head of
ATTACH LABEL	••							1.	Widow	Divorceo (er)	· 3.		Forms			5.	Househol
AC	۷۵	ur Last Name					*** -4	2	•			X	Married	& Filing Cor	mbined S	eparate	
F		DEN JR.		irst Name and JOSEPH		i, Jr., Sr.,	III., etc.	2.	Joint		4.	Λ	on this F	orm			
									If you were	a part-v	ear r	eside	nt in 201	7. give the	e dates	vou resi	ded in
	•	ouse's Last Name DEN		ipouse's Firs JILL	si Name,	Jr., Sr.,	III., etc.		Delaware.				2017				2017
		sent Home Address (Num		,	Ant #				From	Mont	h D	av	2017		onth		
	FIR	Sent nome Address (Num	iber and Sueet)		Apt.#			5	orm DE2210			-	ling Stat			•	ng statuse
	Cit	v.		State	ZIP C	oda		1	01111 DLZZ 11	Milaci	ieu		•	formation	1	You	ŎR
		LMINGTON		DE	Zii Gi	oue							COLU	MN A	,	col pius Colu	Spouse MN B
		MPLETE ALL SECTIONS	F THIS RETURN	I. NAMES AI	ND SSN'S A	NUST M	ATCH OR	IGIN	AL					CORRECT	TED AM	OUNTS	
	l. I	DELAWARE ADJUSTED GF	OSS INCOME								1		778,	837		10,19	2 553
5	a I	f you elect the DELAWARE	1								•		,			,	_,
•		Filing Statuses 1, 3 & 5 Enter \$3		00011011011				•									
		Filing Status 2 Enter \$6500 in C Filing Status 4 Enter \$3250 in C		B													
		f you elect the DELAWARE	1		eck here			Х					C	DF21117	01101	9	
		filing Statuses 1, 2, 3 and	1					•									
		iling Status 4 enter itemize									2		585,	701		340,	703
3	i_	ADDITIONAL STANDARD	DEDUCTIONS								_		•			•	
		CHECK BOX(ES) (Not al	lowed with Ite	mized Dedu	uctions - S	See Insti	ructions)									
		If SPOUSE was 65 or over	and/or (3lind	If YOU wer	re 65 or (over	,	and/or Blind	j	3						
4		TOTAL DEDUCTIONS - Ad	d Lines 2 & 3 ar	id enter here							4		585,	701		340,	703
Ę	i .	TAXABLE INCOME - Subt	ract Line 4 from	Line 1, and	Compute Ta	ax on thi	s Amour	ıt			5		193	136	9,	851,	850
6	i.	Tax Liability from Tax Rate	 e Table/Schedule)	1	11,7	30		649,2	06	6		_			·	
7		Tax on Lump Sum Distrib	ution (Form 329)}		-			•		7						
8	L	TOTAL TAX - Add Lines 6	and 7 and enter	here									11,	730		649,	206
ç	a.	Enter number of exemption	ns claimed on F	ederal returr	1	2	X \$110)	******		9a			110			110
		On Line 9a, enter the num				olumn A	1	Colun	nn B 1								
Ş	b.	CHECK BOX(ES)	Spouse 60 or ov	er (Column <i>i</i>					Column B)								
ш		Enter number of boxes ch			2 x\$	110					9b			110			110
E W-2 FORMS HERE	0.	Tax imposed by State of	IL (M	ust attach co									1,	347		85,	124
SE 1		Vol. Firefighter Co. # - Spo							r credit amo								
8	2.	Other Non-Refundable Cre	edits (See Instru	ctions)							12						
7		Child Care Credit. (Must a															
5		Earned Income Tax Cred											4				544
		Total Non-Refundable Cre	dits. Add Lines 9	8a, 9b, 10, 1	1, 12, 13 &	14 and (enter her	e			15			567		_ _ `	344
٠,	6. -	BALANCE. Subtract Line			greater thar			(Zer					TO,	163		563,	862
		Delaware Tax Withheld (a	l .	*	2.1		15		9,3		17						
		Estimated Tax Paid & Pay	i		31	L5,0	UU		315,0	UU	18						
		S Corp Payments & Refur	1	creans							19						
		2017 Capital Gains Tax Pa	Γ						239,2	63	20						
		Amount paid (If any, see it		10 10 00 -	nnd 04	antar L -	ra		•		21 22 •		315,	61 E		563,	612
		TOTAL Refundable Credits											239			505,	012
		Refund Received (if any, s Estimated tax carryover as												269			
		Subtract Lines 23 and 24					-							083		563,	612
罪	s. R	BALANCE DUE. If Line 16											±0,	80		JUJ,	250
王 '	7	OVERPAYMENT. If Line 2	-	-										00			250
523	8.	AMOUNT OF LINE 27 TO 6											ENTER	> 28			
S W	9.	PENALTIES AND INTERES															
STAPLE (0.	NET BALANCE DUE (Line												-			330
હ	1.	NET REFUND (subtract Lin															-
•		REMIT FORM TO:	NET BALANCE D	UE (LINE 30): P.O. BOX	508, W	LMINGT	ON, I	DE 19899-0	508				- •			
			NET REFUND (LI										7.	42131 11-6	1-17		
		4	ZERO DUE (LINE	911. L.O. DI	uk ar II, W	ILIVIING	ı UN, UC	1305	99-01 I I								

FORM 200-01-X

2017 RESIDENT AMENDED

PERSONAL INCOME TAX RETURN

NOTE: IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS. YOU MUST FILE TWO SEPARATE AMENDED FORMS IS AN AMENDED FEDERAL RETURN BEING FILED? NO IF NO, PLEASE EXPLAIN. IF THE CHANGES PERTAIN TO THE DE RETURN ONLY, LIST THE LINE NUMBERS BEING AMENDED. HAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED? IS THIS AMENDED RETURN BEING FILED AS A PROTECTIVE CLAIM? A DETAILED EXPLANATION OF ALL CHANGES MUST BE PROVIDED IN THIS SPACE. ALL SUPPORTING SCHEDULES AND/OR DOCUMENTATION MUST BE ATTACHED SEE STATEMENT 1 COLUMNS: Column A is reserved for the spouse of those couples chaosing filing status 4. (Reconcile your Federal totals to the appropriate individual.) Texpayers using filling statuses 1, 2, 3, or 5 are to complete Column B only. Filing Status 4 ONLY All other filing statuses Spouse Information COLUMN A You or You plus Spouse MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME SECTION A - ADDITIONS (+) 32. Enter Federal AGI amount. See Instructions 798.326 10,232,983 33. Interest on State & Local obligations other than Delaware 34. Fiduciary adjustment, all depletion 35. TOTAL - Add Lines 33 and 34 36. Subtotal Add Lines 32 and 35 _____ 798,326 10 232 983 **SECTION B - SUBTRACTIONS (-)** 37. Interest received on U.S. Obligations 38. Pension/Retirement Exclusions (See instructions.) 12.500 12.500 39. Delaware State tax refund, liduciary adjustment, work opportunity tax credit, Delaware HOL Carry forward 40. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. 6.989 27.930 41. SUBTOTAL Add Lines 37, 38, 39 and 40 and enter here 19,489 40,430 42. Subtotal Subtract Line 41 from Line 36 778,837 43. Exclusion for certain persons 60 and over or disabled 44. TOTAL - Add Lines 4 and 43 19,489 40,430 45. DELAWARE ADJUSTED GROSS INCOME. Subtract line 44 from Lina 38. Enter here and on Page 1, Line 1 778.837 10,192,553 SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If Columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income. 46. Enter total Itemized Deductions. (See Instructions) 846.160 606,510 47. Enter Foreign Taxes Paid (See Instructions) Enter Charitable Mileage Deduction (See Instructions) SUBTOTAL. - Add Lines 46, 47, and 48 and enter here 846,160 606,510 50a. Enter State Income Tax included in Line 46 above (See Instructions) ______ 50a 260,459 265,807 50b. Enter Form 700 Tax Credit Adjustment (See instructions) ______ 50b 585,701 340,703 and believed is true, correct and complete. 51. TOTAL - Subtract Line 50a and 50b from Line 49. Enter here and on Page 1, Line 2 (See inst.) 51 rury) declare that I have examined this return, including accompanying schedules and statements PREPARER'S EIN OR SSN PREPAREN'S DUCAS 20814293 MD STREET ADDRESS OF PREPARER

315,615

305,452

324,349 239,513

65,939

and ending For Fiscal year beginning Your Social Security No. Spouse's Social Security No. ********** ---------Jr Sr III etc JOSEPH R. ATTACH LABEL BIDEN JR. Spouse's Last Name Socuse's First Name Jr., Sr., III., etc. BIDEN JILL T. Present Home Address (Number and Street) Apt. # FILING STATUS (MUST CHECK ONE) City State Married & Filing Separate Forms Single, Divorced, Widowler Head of WILMINGTON DE Form DE2210 If you were a part-year resident in 2017, give the dates you resided in Dela Married & Filing Combined Separate on this form 4. X 2017 2017 Attached Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B. Column A Column B 1. DELAWARE ADJUSTED GROSS INCOME. Begin Return on Page 2, Line 29, then enter amount from Line 42 here 778,837 10,192,553 2a. If you elect the DELAWARE STANDARD DEDUCTION check here Filing Statuses 1, 3 & 5 enter \$3250 in Column 8; Filing Status 2 enter \$6500 in Column B; Filing Status 4 enter \$3250 in Column A and in Column B DF20117011019 If you elect the DELAWARE ITEMIZED DEDUCTIONS check here X b. Filing Statuses 1, 2, 3 and 5, enter itemized deductions from Page 2, Line 48 in Column B 585,701 340,703 3 Column A - if SPOUSE was: 65 or over 585,701 340,703 TOTAL DEDUCTIONS- Add line 2 & 3 and enter here 9,851,850 193,136 5. STAPLE W2 FORMS HERE Column B Column A Tax Liability from Tax Rate Table/Schedule 11,730 649,206 6 See Instructions Tax on Lump Sum Distribution (Form 329) 11,730 649,206 TOTAL TAX - Add Lines 6 and 7 and enter here PERSONAL CREDITS If you are Filing Status 3, see instructions.
If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.
Enter number of exemptions claimed on Federal return

2 x \$110 x\$1109a 110 110 On Line 9a, enter the number of exemptions for: \bigcirc Column A \bigcirc 1 Column B 1 9b. CHECK BOX(ES) Spouse 60 or over (Column A) X Self 60 or over (Column B) X 110 110 Enter number of boxes checked on Line 9b. 2 x\$110 _____9b 1,347 85,124 . (Must attach copy of DE Schedule I and other state return.) _____ 10 10. Tax imposed by State of 11. Vol. Firefighter Co. # - Spouse (column A) . Enter credit amount 11 Self (Column B) 12. Other Non-Refundable Credits (see instructions) 13. Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit) ______ 13 14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation 14 1,567 15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here ______ 15 85,344 10,163 563,862 16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero) ... 16 17. Delaware Tax Withheld (Attach W2s/1099s) 615 9,349 17 315,000 18. 2017 Estimated Tax Paid & Payments with Extensions 315,000 18 19. S Corp Payments and Refundable Business Credits 19 20. 2017 Capital Gains Tax Payments (Att. Form 5403) 20

22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here _____ > 22

23. OVERPAYMENT, If Line 21 is greater than Line 16, subtract 16 from 21 and enter here

For all other filing statuses, subtract Lines 24, 25, and 26 from Line 23

24. CONTRIBUTIONS TO SPECIAL FUNDS if electing a contribution, complete and attach DE Schedule III... 24.

25. AMOUNT OF LINE 23 TO BE APPLIED TO 2018 ESTIMATED TAX ACCOUNT ENTER ▶ 25 26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions ENTER > 26 27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)
For all other filing statuses, enter Line 22 plus Lines 24 and 26
28. NET REFUND (For Filing Status 4, see instructions, page 9)
ZERO DUE/TO BE REFUNDED

28

COLUMNS: Column A is reserved for the apouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See worksheet.) Taxpayers using filling statuses 1, 2, 3, or 5 are to complete Column B only.

SECTION A - ADDITIONS (+) 29. Enter Federal AGI amount from Federal 1040, 1040A or 1040EZ 30. Interest on State & Local obligations other than Delaware 31. Fiduciary adjustment, oil depletion 32. TOTAL - Add Lines 30 and 31 33. Subtotal Add Lines 29 and 32 34. Interest received on U.S. Obligations 35. Pension/Retirement Exclusions (For a definition of eligible income, see instructions) 36. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit,	82U0
30. Interest on State & Local obligations other than Delaware 30. 31. Fiduciary adjustment, oil depletion 31. 32. TOTAL - Add Lines 30 and 31 32. 33. Subtotal Add Lines 29 and 32 798, 326 10,232,983 33. SECTION B - SUBTRACTIONS (-) 34. Interest received on U.S. Obligations 34. 35. Pension/Retirement Exclusions (For a definition of eligible income, see instructions) 35 12,500 12,50	
31. Fiduciary adjustment, oil depletion	i
32. TOTAL - Add Lines 30 and 31	
33. Subtotal Add Lines 28 and 32 798, 326 10,232,983 33 SECTION B - SUBTRACTIONS (-) 34. Interest received on U.S. Obligations 34 35. Pension/Retirement Exclusions (For a definition of eligible income, see instructions) 35 12,500 12,50	
SECTION B - SUBTRACTIONS (-) 34. Interest received on U.S. Obligations	
35. Pension/Retirement Exclusions (For a definition of eligible income, see instructions) 35 12,500 12,50	
36. Delaware State tax refund, flduciary adjustment, work opportunity tax credit,	Í
Delaware NOL carry forward - please see instructions36	
37. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Exci/Certain Lump Sum Dist. (See instr.) 37 6,989 27,93	
38. SUBTOTAL Add Lines 34, 35, 38 and 37, and enter here	
39. Subtotal Subtract Line 38 from Line 33	
40. Exclusion for certain persons 60 and over or disabled (See Instructions) 40	
41. TOTAL-Add Lines 38 and 4041 19,489 40,43)
42. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 41 from Line 33, Enter here and on Page 1, Line 1 42 778, 837 10,192,55	ļ
SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.	
43. Enter total Itemized Deduction from Schedule A, Federal Form, Line 29 43 846, 160 606, 51	}
44. Enter Foreign Taxes Paid (See instructions) 44	
45. Enter Charitable Mileage Deduction (See instructions) 45	
48. SUBTOTAL · Add Lines 43, 44, and 45 and enter here	1
47a. Enter State Income Tax Included in Line 43 above (See Instructions) 47a 260, 459 265, 80	
47b. Enter Form 700 Tax Credit Adjustment (See Instructions) 47b	
48. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Page 1, Line 2 (See instr.) 48 585,701 340,70	
SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c and d below. See instructions for details.	
a. Routing Number b. Type: Checking Savings	
c. Account Number d. Is this refund going to or through an account to is located outside of the United States?	at
Yes No	
NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and malled to the address on your return.	
BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS	
inder penalties Aperium, priectare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.	
Your Signaffus Sub- Date 1919 Signature of Pald Product UN Date 2/1/19	\Box
Spouge's Signature (### jugs or composed return) Dete 7.7.19 Address	ヿ
Monte Phone Susiness Phone City BETHESDA State ZIP 2081429:	
E-Mail Address EIN, SSN or PTIN Business Phone E-Mail Address	

BALANCE DUE W/PAYMENT ENCLOSED (LINE 27): DELAWARE DIVISION OF REVENUE P.O. BOX 508

WILMINGTON, DE 19899-0508

REFUND (LINE 28): DELAWARE DIVISION OF REVENUE P.O. BOX 8710 WILMINGTON, DE 19899-8710

ALL OTHER RETURNS: DELAWARE DIVISION OF REVENUE P.O. BOX 8711 WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

1019 (Rev 09/2017)

742011 11-01-17



2017 DELAWARE RESIDENT SCHEDULES

2017 R

Names:

Social Security Number:

JOSEPH R. BIDEN JR. & JILL T. BIDEN

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

										T 411 =	
									ng Status 4 ONLY bouse Information		ng statuses plus Spouse
DE S	CHI	EDULE I - CREDIT FO	R INCOME	TAXES PAID	TO ANOTHER S	STATE		O,	COLUMN A		IMN B
See	the	nstructions and com	plete the wo	rksheet on F	Page 7 prior to c	ompleting DE Sc	hedule I.				
Ente	r the	credit in HIGHEST to	LOWEST am	ount order.							
1. T	ax i	mposed by State of	CA	(enter 2 ch	aracter state nam	ne)	1				,017
2. 1	ax i	mposed by State of	NY	(enter 2 ch	aracter state nam	ne)	2				,647
3. T	ax i	mposed by State of	IL	(enter 2 ch	aracter state nam	ne)	3				,729
4. T	ax i	mposed by State of	ŊJ	(enter 2 ch	aracter state nan	ne)	4				,889
5. T	ax i	mposed by State of	NC	(enter 2 ch	aracter state nan	ne)	5			1	,842
6. E	nte	the total here and on	Resident Ret	um, Line 10.	You must attacl	n a copy of the					
C	othe	r state return(s) with y	your Delawa	re tax return			6		1,347	85	,124
DE S	CH	EDULE II - EARNED II	NCOME TAX	CREDIT (EI	TC)						
		e the Earned Income				the Earned Inco	me Credit	for o	n your federal retu	m.	
		g Child Information							•		
	7a. Child's First Name 7b. Child's Last Name 8. Child's SSN								9. Chile	d's Date of E	3irth
	· · · · ·	o o i mot i vario	• • • •	o.ma o zaoc		.					
					CHI	LD 1	C	HILD	2	CHILD	3
10.	Wa	is the child under age a	24 at the end	of 2017,				_			***
	sp	tudent, and younger thouse, if filing jointly)?		10	YES	NO	YE	S	NO	YES	NO
44											
11.		is the child permanent			VEO	NO	YE	0	NO	YES	NO
	au	ring any part of 2017?		11	YES	NO	1 6	3	NO	TES	NO
10	Da	laware State Income T	ov from Lina	a (antor high	ar tay amaiint fra	m Column A or P	\	12			
12.	υe	laware State income i	ax irom Line	o (enter nign	er tax amount iro	III COlumnia di Di	·	12			
13.	Fe	deral earned income cr	edit from Fer	deral Form 10	140. Form 1040A.	or Form 1040FZ		13			
14.		laware EITC Percentag								.2	0
15.		Itiply Line 13 by Line 1									
10.	ivic	inapiy cine to by cine i	······································			************************					
16.	Fo	ter the smaller of Line	12 or l ina 15	ahove Enter	r here and on Res	sident Beturn I in	e 14	16			
		Instructions on Page					· · · · · · · · · · · · · · · · · · ·	0			
		EDULE III - CONTRIB		•		awii.					
		e 13 for a description									
-	. as	o to for a description	OI GUGII HOI	mitterinio idin	i ilotta bolom.						
17.	A.	Non-Game Wildlife		H.	DE National Guard			Ο.	Senior Trust Fund		
	В.	U.S. Olympics		1.	Juvenile Diabetes Fu	ind		Ρ.	Veterans Trust Fund		
	C.	Emergency Housing		J.	Multiple Sclerosis Sc			Q.	Protect DE's Chid Fnd		
	D.	Breast Cancer Edu.		K.	Ovarian Cancer Fnd				Food Bank of DE		
	E.	Organ Donations		L.	21st Fund for Childre	en		S.			
	F.	Diabetes Education		М.	White Clay Creek			T.	•		
	G.	Veterans Home		N.	Home of the Brave				NCC Hab for Humanity		
				• • •					•		
Ente	r the	total Contribution am	ount here and	d on Residen	t Return, Line 24				17		
				***			C 41				

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



DE 200-01-X STATEMENT 1

A \$3,000 CHARITABLE CONTRIBUTION TO THE TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS WAS ACCIDENTALLY DEDUCTED TWICE ON THE ORIGINAL RETURN. THE EXTRA \$3,000 HAS BEEN REMOVED FROM SCHEDULE A.

THE TAXPAYER WAS AN EMPLOYEE OF THE U.S. GOVERNMENT DURING THE FIRST THREE WEEKS OF 2017, AFTER WHICH TIME HE LEFT OFFICE AND CHANGED RESIDENCE. DOES NOT APPEAR THAT THE TAXPAYER RECEIVED A W-2 REFLECTING THE INCOME RECEIVED DURING THOSE THREE WEEKS AND THE ASSOCIATED FEDERAL AND STATE TAX WITHHOLDINGS.

ACCORDINGLY, THE RETURN HAS BEEN AMENDED TO REPORT ADDITIONAL SALARY OF \$12,963, ADDITIONAL FEDERAL WITHHOLDING OF \$3,847 AND ADDITIONAL SOCIAL SECURITY TAXES OF \$804. ALSO, AN ADDITIONAL \$696 OF STATE INCOME TAXES, REFLECTING THE STATE TAX WITHHELD, HAVE BEEN DEDUCTED ON SCHEDULE A.

BECAUSE OF THE INCREASE IN ADJUSTED GROSS INCOME, THE SCHEDULE A LIMITATION ON DEDUCTIONS HAS INCREASED BY \$389.

THE INCREASE IN MEDICARE WAGES HAS INCREASED THE ADDITIONAL MEDICARE TAX, AS SHOWN ON FORM 8959, BY \$117.

DE 200-01	CREDIT FOR TAX IMPOSED BY OTHER STATE	STATEMENT	
STATE OF ILLINOIS	S, TAXPAYER		
DELAWARE AGI (FOR	RM 200-01 OR 200-02, PAGE 1)	10,192,5	53.
ILLINOIS ADJUSTEI		176,3	
	M 200-01 OR 200-02, PAGE 1)	649,2	
TAX IMPOSED BY ST	TATE OF ILLINOIS	8,7	29.
PERCENTAGE FACT	OR" = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI		
	= 176,348. / 10,192,553.	.017	302
'PRO-RATA TAX"	= DELAWARE TAX TIMES PERCENTAGE FACTOR	44.0	
	$= 649,206. \times .017302$	11,2	32.
MOUNT OF CREDIT			
	(B) TAX IMPOSED BY OTHER STATE (C) PRO-RATA TAX		
	(C) PRO-RATA TAX		
MOIINT OF CREDIT	STATE OF ILLINOIS	8,7	29.
AMOUNT OF CREDIT			
STATE OF NORTH C	AROLINA, TAXPAYER		
DELAWARE AGI (FO	RM 200-01 OR 200-02, PAGE 1)	10,192,5	53.
	DJUSTED GROSS INCOME	33,5	
	RM 200-01 OR 200-02, PAGE 1)	649,2	
	TATE OF NORTH CAROLINA	1,8	42.
PERCENTAGE FACTO	OR" = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI		
	= 33,504. / 10,192,553.	.003	287
'PRO-RATA TAX"	= DELAWARE TAX TIMES PERCENTAGE FACTOR	0.4	~ 4
	$= 649,206. \times .003287$	2,1	54.
AMOUNT OF CREDIT	= LESSER OF: (A) DELAWARE TAX		
	(B) TAX IMPOSED BY OTHER STATE (C) PRO-RATA TAX		
	(C) PRO-RATA TAX		
יידרופס פר יידרופאנ	, STATE OF NORTH CAROLINA	1,8	42
LICOIT OF CREDIT	, plile of house of the	= / -	

STATE OF CALIFORNIA, TAXPAYER	
DELAWARE AGI (FORM 200-01 OR 200-02, PAGE 1) CALIFORNIA ADJUSTED GROSS INCOME DELAWARE TAX (FORM 200-01 OR 200-02, PAGE 1) TAX IMPOSED BY STATE OF CALIFORNIA	10,192,553. 769,566. 649,206. 89,110.
"PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI = 769,566. / 10,192,553. "PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE FACTOR	.075503
= 649,206. X .075503 AMOUNT OF CREDIT = 649,206. X .075503 = LESSER OF: (A) DELAWARE TAX (B) TAX IMPOSED BY OTHER STATE (C) PRO-RATA TAX	49,017.
AMOUNT OF CREDIT, STATE OF CALIFORNIA	49,017.
STATE OF NEW JERSEY, TAXPAYER	
DELAWARE AGI (FORM 200-01 OR 200-02, PAGE 1) NEW JERSEY ADJUSTED GROSS INCOME DELAWARE TAX (FORM 200-01 OR 200-02, PAGE 1) TAX IMPOSED BY STATE OF NEW JERSEY "PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI = 92,463. / 10,192,553.	10,192,553. 92,463. 649,206. 6,757.
"PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE FACTOR = 649,206. X .009072 AMOUNT OF CREDIT = LESSER OF: (A) DELAWARE TAX (B) TAX IMPOSED BY OTHER STATE (C) PRO-RATA TAX	5,889.
AMOUNT OF CREDIT, STATE OF NEW JERSEY	5,889.
STATE OF NEW YORK, TAXPAYER	
DELAWARE AGI (FORM 200-01 OR 200-02, PAGE 1) NEW YORK ADJUSTED GROSS INCOME DELAWARE TAX (FORM 200-01 OR 200-02, PAGE 1) TAX IMPOSED BY STATE OF NEW YORK "PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI	10,192,553. 308,466. 649,206. 26,621.
= 308,466. / 10,192,553. "PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE FACTOR	.030264
= 649,206. X .030264 = LESSER OF: (A) DELAWARE TAX (B) TAX IMPOSED BY OTHER STATE (C) PRO-RATA TAX	19,647.
AMOUNT OF CREDIT, STATE OF NEW YORK	19,647.
TOTAL TO FORM 200-01 OR 200-02, PAGE 1	85,124.

DE 200-01	CREDIT FOR TAX IMPOSED BY OTH	HER STATE	STATEMENT	3
STATE OF VIRGINIA	A, SPOUSE			
VIRGINIA ADJUSTEI DELAWARE TAX (FOI TAX IMPOSED BY ST	RM 200-01 OR 200-02, PAGE 1)	SV DELAWARE ACT	778,83 89,42 11,73 1,53	21.
"PRO-RATA TAX" AMOUNT OF CREDIT	= 89,421. / 778,837. = DELAWARE TAX TIMES PERCENTA = 11,730. X .114814	AGE FACTOR K BY OTHER STATE	.1148 1,34	
AMOUNT OF CREDIT	, STATE OF VIRGINIA		1,34	17.
TOTAL TO FORM 20	0-01, PAGE 1, LINE 10		1,34	17.
DE 200-01 SOC SE	C/RR RETIREMENT/HIGHER EDUC EXCL,	/LUMP SUM DIST	STATEMENT	4
DESCRIPTION		SPOUSE	TAXPAYER OR JOINT	
SOCIAL SECURITY	BENEFITS	6,989.	27,93	30.
TOTAL TO FORM DE	200-01, PAGE 2, LINE 36	6,989.	27,93	30.

JOSEPH R. BIDEN JR. & JILL T. BIDEN

DE 200-01	DELAWARE ITEMIZED	DEDUCTION V	WORKSHE	ET ST	TATEMENT 5
		SPOU	JSE	TAXPAYER	TOTAL
1A. MEDICAL EXPENSES B. TOTAL TAXES, SCH C. INTEREST PAID, S D. CONTRIBUTIONS, S E. CASUALTY & THEFT F. MISCELLANEOUS, S G. OTHER MISC., SCH	HEDULE A, LINE 9 SCHEDULE A, LINE 1 SCHEDULE A, LINE 1 T, SCHEDULE A, LN SCHEDULE A, LN SCHEDULE A, LINE 2	349 5 12 9 506 20	9,876. 1,910. 6,881.	11,910.	736,613. 23,820. 1,013,762.
1. TOTAL ITEMIZED I	DEDUCTIONS	868	8,667.	905,528.	1,774,195.
2. ENTER AMOUNT FRO 3. LIMITED ITEMIZED DISALLOWED	•		-	10,232,983.	
4. TOTAL ITEMIZED I LINE 3 FROM LINE		_	6,160.	606,510.	1,452,670.
TOTAL TO FORM 200-01,	, PAGE 2, LINE 43	846	6,160.	606,510.	

DE 200-01 OTHER STATE TAXES SUBTRACTED FROM ITEM	IZED DEDUCTIONS	STATEMENT 6
ILLINOIS	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	0.	0. 8,729.
LESSER OF SCH A TAXES OR TAX LIABILITY	0.	0.
NORTH CAROLINA	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	0.	0. 1,842.
LESSER OF SCH A TAXES OR TAX LIABILITY	0.	0.
CALIFORNIA	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	0.	0. 89,110.
LESSER OF SCH A TAXES OR TAX LIABILITY	0.	0.
NEW JERSEY	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	0.	0. 6,757.
LESSER OF SCH A TAXES OR TAX LIABILITY	0.	0.
NEW YORK	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	0.	0. 26,621.
LESSER OF SCH A TAXES OR TAX LIABILITY	0.	0.
VIRGINIA	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	4,571. 1,534.	0.
LESSER OF SCH A TAXES OR TAX LIABILITY	1,534.	0.
TOTAL OTHER STATE TAXES INCLUDED ON LINE 47A	1,534.	0.

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Hev. January 2010) GO TO WWW.Irs.gov/Form1040X	TOT INST	ructions and the lat	est I	mormation.		1	
This return is for calendar year X 2017 2016		015 2014					
Other year. Enter one: calendar year or fiscal year (month	and ye	ar ended):					
	ast nam	ne JR.			Your s	ocial security number	
	ast nam				Spouse's social security number		
Current home address (number and street). If you have a P.O. box, see	instruc	etions.		Apt. no.	Your phone number		
City, town or post office, state, and ZIP code. If you have a foreign add WILMINGTON, DE	iress, al	so complete spaces	belo	w (see instructi	ons).		
Foreign country name	Foreig	n province/state/coul	nty		Foreign postal code		
Amended return filing status. You must check one box even if you ar status. Caution: In general, you can't change your filing status from a jreturns after the due date.	re not cl oint ret	hanging your filing urn to separate		il-year coverage	ge. your household have full-		
Single Head of household (If the qualifying your dependent, see instructions.)		n is a child but not	•	eck "Yes." Oth	ential health care coverage, erwise, check "No." See instr.		
Married filing separately Qualifying widow(er)			X Ye		<u> </u>		
Use Part III on page 2 to explain any changes	T	A. Original amous or as previously adjusted (see instructions)		B. Net char amount of ind or (decrease explain in Pa	crease se) -	C. Correct amount	
1 Adjusted gross income. If a net operating loss (NOL) carryback	_						
is included, check here 2 Itemized deductions or standard deduction	1 2	11,018,3	46. 3.		963.	11,031,309. 1,452,670.	
		9,562,98			656.	9,578,639.	
3 Subtract line 2 from line 1	3	3,302,50	-			3,3,0,031	
4 Exemptions. If changing, complete Part I on page 2 and enter	١,						
the amount from line 29		9,562,98	3	15	656.	9,578,639.	
5 Taxable income. Subtract line 4 from line 3	┼╸	3,302,50	~ 		030.	3,310,0331	
Tax Liability 6 Tax. Enter method(s) used to figure tax: TCW	6	3,732,17	2	6	200.	3,738,372.	
7 Credits. If a general business credit carryback is included,	֓֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	0,,,,,,,,,					
check here	J <u> 7</u>		=			2 520 250	
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-		3,732,17	2.	6,	200.	3,738,372.	
Health care: individual responsibility (see instructions)			,		44.5	6 360	
10 Other taxes		6,15			117.	6,268.	
11 Total tax. Add lines 8, 9, and 10	11	3,738,32	3.	0,	317.	3,744,640.	
Payments							
12 Federal income tax withheld and excess social security and tier 1	١	186,74	ا ۸	4	651.	191,391.	
RRTA tax withheld. (If changing, see instructions.)	12	100,74	`	* /	031.	171,771.	
13 Estimated tax payments, including amount applied from prior	40						
year's return							
14 Earned income credit (EIC) 15 Refundable credits from: Schedule 8812 Form(s) 2439	·						
4136 8863 8885 8962 or other (specify):	15						
16 Total amount paid with request for extension of time to file, tax pai		original return, and	1		\neg		
• 1					16	3,551,583.	
17 Total payments. Add lines 12 through 15, column C, and line 16						3,742,974.	
Refund or Amount You Owe							
18 Overpayment, if any, as shown on original return or as previously a						2 740 074	
19 Subtract line 18 from line 17 (If less than zero, see instructions.)						3,742,974.	
20 Amount you owe. If line 11, column C, is more than line 19, enter						1,666.	
21 If line 11, column C, is less than line 19, enter the difference. This i							
22 Amount of line 21 you want refunded to you		1 1			22		
23 Amount of line 21 you want applied to your (enter year):	esti	mated tax 23			- اماد - اماد ماد	ın this form on Page 2.	
1				Comple	e and sic	n: ulis lorni on rade 2.	

STATEMENT FORM 1040X

A \$3,000 CHARITABLE CONTRIBUTION TO THE TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS WAS ACCIDENTALLY DEDUCTED TWICE ON THE ORIGINAL RETURN. THE EXTRA \$3,000 HAS BEEN REMOVED FROM SCHEDULE A.

THE TAXPAYER WAS AN EMPLOYEE OF THE U.S. GOVERNMENT DURING THE FIRST THREE WEEKS OF 2017, AFTER WHICH TIME HE LEFT OFFICE AND CHANGED RESIDENCE. DOES NOT APPEAR THAT THE TAXPAYER RECEIVED A W-2 REFLECTING THE INCOME RECEIVED DURING THOSE THREE WEEKS AND THE ASSOCIATED FEDERAL AND STATE TAX WITHHOLDINGS.

ACCORDINGLY, THE RETURN HAS BEEN AMENDED TO REPORT ADDITIONAL SALARY OF \$12,963, ADDITIONAL FEDERAL WITHHOLDING OF \$3,847 AND ADDITIONAL SOCIAL SECURITY TAXES OF \$804. ALSO, AN ADDITIONAL \$696 OF STATE INCOME TAXES, REFLECTING THE STATE TAX WITHHELD, HAVE BEEN DEDUCTED ON SCHEDULE A.

BECAUSE OF THE INCREASE IN ADJUSTED GROSS INCOME, THE SCHEDULE A LIMITATION ON DEDUCTIONS HAS INCREASED BY \$389.

THE INCREASE IN MEDICARE WAGES HAS INCREASED THE ADDITIONAL MEDICARE TAX, AS SHOWN ON FORM 8959, BY \$117.

§ 1040	U.	S. Indiv	idual Incom	e Tax Retur	(99) n	2017	OMB No	. 1545-Ω	074	RS Use Or	ıly - Do no	t write	or stap	ole in this space.	
For the year Jan. 1-Dec							, 2017, en				20	T		separate instr	uctions.
Your first name and		,		Last name							. <u>5.</u>			social security nu	
JOSEPH R.				BIDEN JE	t.										
If a joint return, spo		first name a		Last name	-								Spou	se's social securi	ty number
JILL T.	-			BIDEN											
Home address (num	nber a	nd street).			ons.					T	Apt. n	0.	, N	Aake sure the SSN	V(s) above
,				•										nd on line 6c are	
City, town or post office	s, state	, and ZIP cod	e. If you have a foreig	n address, also com	plete space	s below.								dential Election C	
WILMINGTO	-	1	-		-								if filin	k here if you, or y ig jointly, want \$3	to go to
Foreign country nar				Foreion	province	/state/county				Foreia	n postal o	ode	will n	und. Checking a to ot change your ta	x or refund.
. J. J. J. V J. William J. (1991)				1 3.3.9.	,						•		X	You X	Spouse
	1	Singl	le	1			4	He	ad of	househo	ld (with o	ualifyi		erson). If the qu	
Filing Status	2			ven if only one ha	d income)	_							ent, enter this	
Charle anti-	3			ly. Enter spouse's				•		re. 🕨	•				
Check only one box.	-		full name here.	•			5 [Qu	alifyin	g widow	(er) (see	instru	ctions	s)	
	6a			can claim you as a	depende	nt, do not che	eck box 6			<u> </u>			7	Boxes checked on 6a and 6b	2
Exemptions					-]	No. of children	
	c.	Dependen			(2) [ependent's soc	cial			endent's nship to	I	(4)√ if (under ac	child pe 17	on 6c who: lived with you	u
	•	(1) First nam		Last name	``	security number	·			on usurb to	ŀ	under aq ualilying tax cre	for chile dit	did not live w	rith
	-				1									or separation (see instruction	
If more than four	-	-			1									•	
dependents, see	-				1									Dependents on not entered abo	
instructions and check here]				T					······································				Add numbers	
	d	Total nun	nber of exemption	s claimed										on lines above	2
Incom-	7			Attach Form(s) W-	2					ST	T 8	7			087.
Income	8a			chedule B if requir								8a			669.
	b	1		ot include on line				8b				100			
Attach Form(s)	9a	I	•	Schedule B if req								98			
W-2 here. Also attach Forms	b	1						9b					1		
W-2G and	10	Tayahlar	efunds credite o	r offsets of state a	nd local ir	come taxes	รา		4	STM	r 6	10	,		0.
1099-R if tax	11											11			
was withheld.	12			. Attach Schedule								12			862.
	13			ch Schedule D if re								18	-		
If you did not	14			ach Form 4797								14	_		
get a W-2, see instructions.	15a		ibutions				l b	Taxable	amou	nt			_		961.
000 1100 00001101	16a		and annuities	16a		41,894							ь	213,	195.
	17		••	, partnerships, S										10,060,	
	18			ach Schedule F								18		·	
	19			tion											
	20a		curity benefits			41,081	1.1 b	Taxable	amou	nt		20		34.	919.
	21		ome. List type an			¥						2			
	22			ne far right columr	for lines	7 through 21	. This is v	our tot	al inco	me	>	22		11,037,	751.
	23							23		****			1	· · · · · · · · · · · · · · · · · · ·	
Adjusted	24	Certain bu	siness expenses of r	esérvists, performing 106-EZ	artista, and	l fee-basis gove	rnment	24							
Gross	25			duction. Attach Fo				25				1			
Income	26		_	Form 3903				26				1			
-	27			oloyment tax. Atta				27			12				
	28			LE, and qualified p				28				1			
	29			rance deduction				29		6	,430		1		
	30			al of savings				30			•	1			
	318	Alimony	naid h Recinier	nt's SSN 🕨		:	······	31a		***************************************		7			
	32							32							
	33		loan interest dedu	**				33				7			
	34			rm 8917				34				15			
	35			ities deduction. Al				35							
	36		-	· · · · · · · · · · · · · · · · · · ·								3	6	6	,442.
710001 02-22-18	37			22. This is your a								3	7	11,031	

Form 1040 (2017	n J	OSEPH R. BIDEN JR. & JILL T. BIDEN			Page 2
Tax and		Amount from line 37 (adjusted gross income)		38	11,031,309.
Credits			Total boxes	1	•
Standard Deduction for -		if: X Spouse was born before January 2, 1953, Blind,	checked > 39a 2	:	
Dennie who	<u>_</u>	If your spouse itemizes on a separate return or you were a dual-status allen, chec	:k here > 39b	1	
check any box on line 38a or 39b 01 who can	40	Itemized deductions (from Schedule A) or your standard deduction (see left ma	rgin)	40	1,452,670.
be claimed as a dependent, see	41	Subtract line 40 from line 38		41	9,578,639.
instructions.	42	Exemptions, if line 38 is \$156,900 or less, multiply \$4,050 by the number on line	e 6d. Otherwise, see inst.	42	0.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, ent	ter-0	48	9,578,639.
	44	Tax. Check if any from: a Form(s) 8814 b Form 4972 c		44	3,738,372.
	45	Alternative minimum tex. Attach Form 6251		45	
All ethers: Single or	48	Excess advance premium tax credit repayment. Attach Form 8982		48	
Married filing separately.	47	Add lines 44, 45, and 46		47	3,738,372.
\$6,350	48	Foreign tax credit. Attach Form 1116 if required	48	·	
Married filing jointly or	48	Gredit for child and dependent care expenses. Attach Form 2441	48]	
Custilying widow(er),	50	Education credits from Form 8863, line 19	50]	
\$12,700	51	Retirement savings contributions credit. Attach Form 8880	81	1	
Head of household.	52	Child tax credit. Attach Schedule 8812, If required	52 .	1 1	
\$9,350	53	Residential energy credits. Attach Form 5695 .	58	"	
	54	Other credits from Form: e 3800 b 8601 c	54	1	
	55	Add lines 48 through 54. These are your total credits	***************************************	55	
***************************************	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-		56	3,738,372.
	57	Self-employment tax. Attach Schedule SF	•	57	23.
Other	58	Unreported social security and Medicare tax from Form: a 4137	B919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if o	equired	59	***************************************
	60 a	Household employment taxes from Schedule H		60a	1,357.
	h	First-lime homehings gradit community Attach Cover CARE if continue		80b	
•	61	Health care: Individual responsibility (see instructions) Full-year coverage Taxes from: a Form 8950 b Form 8960 c Inst; enter code(s)		61	
	62	Taxes from: a X Form 8959 b X Form 8960 c inst; enter code(s)		62	4,888.
	83	ADD lines ob through 6%. This is your total tax		68	3,744,640.
Payments		Federal income tax withheld from Forms W-2 and 1099	84 178,198.	-	
	46	_1			
	90	2017 estimated tex payments and amount applied from 2016 return	65 .		
If you have a		2017 estimated tax payments and amount applied from 2016 return Earned Income credit (EIC)	65 ·		
qualitying child, attach		Earned Income credit (EIC)	862		
qualifying _	68a 67	Earned Income credit (EIC) Nontaxable combat pay election		•	
qualitying child, attach	68a 67	Earned Income credit (EIC) Nontaxable combat pay election	862		
qualitying child, attach	67 88 89	Earned Income credit (EIC) Nontaxable combat pay election	67	•	
qualitying child, attach	67 68 69 70	Earned Income credit (EIC) Nontaxable combat pay election	86a 87 68		
qualitying child, attach	68a 67 88 89 70	Earned Income credit (EIC) Nontaxable combat pay election	66a 67 68 69 70		
qualitying child, attach	68a 67 88 89 70	Earned Income credit (EIC) Nontaxable combat pay election	67 68 68 69 70		
qualitying child, attach	68 67 88 88 70 71 72	Earned Income credit (EIC) Nontaxable combat pay election	86a 87 68 69 70 71 13,193.		
qualitying child, attach	68 67 68 69 70 71 72 73	Earned Income credit (EIC) Nontaxable combat pay election	86a 87 68 69 70 71 13,193.	74	191,391.
qualifying child, attach Schedule EIC.	68a 67 88 89 70 71 72 73 74	Earned Income credit (EIC) Nontaxable combat pay election	86a 87 68 69 70 71 71 72 73	74	191,391.
qualitying child, attach 8 checkute EIC.	68 a 67 88 69 70 71 72 73 74 75 76a	Earned Income credit (EIC) Nontaxable combat pay election	86a 87 68 68 70 71 13,193. 72 73	75	191,391.
qualitying child, stisch schedule EIC. Refund Direct deposit?	68 a 67 88 69 70 71 72 73 74 75 76a	Earned Income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserve 8885 d Add lines 84, 65, 66a, and 87 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	86a 87 68 68 70 71 13,193. 72 73		191,391.
qualitying child, stisch schedule EIC. Refund Direct deposit?	68 67 68 69 70 71 72 73 74 75 76 a	Earned Income credit (EIC) Nontaxable combat pay election 666 Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Cradits from Form: a 2439 b Reserved 8885 d Add lines 84, 65, 66a, and 87 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	86a 87 68 68 70 71 13,193. 72 73	75	191,391.
Refund Direct deposit? See Instructions.	88 68 70 71 72 73 74 75 76 a b 77	Earned Income credit (EIC) Nontaxable combat pay election 666 Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserve 8885 d Add lines 84, 85, 66a, and 87 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you Amount of line 75 you want refunded to you. If Form 8888 is attached, check here lands of the fire 75 you want applied to your 2018 estimated tax	66a 67 68 68 69 70 71 1.3,193. 72 73	75 78a	
Refund Direct deposit? See Amount You Owe	88 89 70 71 72 73 74 75 76a b 77 78 79	Earned Income credit (EIC) Nontaxable combat pay election 666 Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Cradits from Form: a 2439 b Reserve 8885 d Add lines 84, 85, 66a, and 87 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you Amount of line 75 you want refunded to you. If Form 8888 is attached, check here locating Serious Amount of line 75 you want applied to your 2018 estimated tax Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instestimated tax penalty (see Instructions)	86a 67 68 68 69 70 71 13,193. 72 73 J overpaid Fructions 79	75	191,391. 3,553,249.
Refund Direct deposit? See amount You Owe Third Part	88 69 70 71 72 73 74 75 76 a b 77 78 79 V Di	Earned Income credit (EIC) Nontaxable combat pay election	86a 67 68 68 69 70 71 1.3,193. 72 73 J overpaid Fructions 79 Idons)? X Yea, Complete below	75 78a 78	3,553,249.
Refund Direct deposit? Sea amount You Owe Third Part Designee	88 68 70 71 72 73 74 75 76 a b 77 Diggs	Earned Income credit (EIC) Nontaxable combat pay election	86a 67 68 69 70 71 13,193. 72 73 Li overpaid 9 10tructions 77 Identity 10tructions 78 10tructions 79 10tructions 79 10tructions 70 X Yea. Complete base	75 78a 78 78	3,553,249.
Refund Direct deposit? Sea untructions. Amount You Owe Third Part Designee Sign	70 71 72 78 74 75 76 a 77 78 78 79 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Earned Income credit (EIC) Nontaxable combat pay election	86a 67 68 69 70 71 13,193. 72 73 Li overpaid 9 10tructions 77 Identity 10tructions 78 10tructions 79 10tructions 79 10tructions 70 X Yea. Complete base	75 78a 78 78	3,553,249.
Refund Direct deposit? See Instructions. Amount You Owe Third Part Designee Sign Here	70 71 72 78 74 75 76 a 77 78 78 79 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Earned Income credit (EIC) Nontaxable combat pay election	86a 67 68 69 70 71 13,193. 72 73 Li overpaid 9 10tructions 77 Identity 10tructions 78 10tructions 79 10tructions 79 10tructions 70 X Yea. Complete base	75 78a 78 78 Personed correct, ass sany know	3,553,249.
Refund Direct deposit? See Instructions. Amount You Owe Third Part Designee Sign Here John return? Bee Instructions.	67 68 68 69 70 71 72 73 74 75 76 8 77 78 78	Earned Income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Cradits from Form: a 2439 b Reservet 8885 d Amount payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you Amount of line 75 you want refunded to you. If Form 8888 is attached, check here looking School of line 75 you want refunded to you. If Form 8888 is attached, check here are the file 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount you owe. Subtract line 74 from line 63. For details on how to pay, see inst Estimated tax penalty (see instructions) you want to allow another person to discuss this return with the IRS (see Instructions) WATTER H DEYHLE, CPA The payments of stance of lines of premise of the premise o	662 67 68 68 70 71 13,193. 72 73 I overpaid Fructions 79 Identify The Complete being the period of which they are true. SIDENT	75 78a 78 78 Personed correct, ass sany know	3,553,249.
Refund Direct deposit? Son Owe Third Part Designee Sign Here Gen return? See instructions.	67 68 68 69 70 71 72 73 74 75 76 8 77 78 78	Earned Income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credit for federal tax on fuels. Attach Form 4136 Credit for federal tax on fuels. Attach Form 4136 Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserved 8885 d Add Innes 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you hard the fine 75 you want refunded to you. If Form 6888 is attached, check here line for the fine 75 you want applied to your 2016 estimated tax Amount of line 75 you want applied to your 2016 estimated tax Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instantive tax penalty (see instructions) Pypu want to allow another person to discuss this return with the IRS (see Instructions) WALTER H DEYHILE, CPA Figure WALTER H DEYHILE, CPA The compation of the present defaults and proper retire from burger. Detakable of prepare (other hom burger) count dispression.	662 67 68 68 70 71 13,193. 72 73 I overpaid Fructions 79 Identify The Complete being the period of which they are true. SIDENT	75 78a 78 78 78 Portsoned assamy know Dasytin	3,553,249. No identification in its index me phone number
Refund Direct deposit? Son Owe Third Part Designee Sign Here Gen return? See instructions.	68 69 70 71 72 78 74 75 76 a b 77 78 79 V Department	Earned Income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Cradits from Form: a 2439 b Reserved 8885 d Amount of line 74 in mount of line 74 in mount of line 74 in mount of line 75 you want refunded to you. If Form 8888 is attached, check here looking of line 75 you want refunded to you. If Form 8888 is attached, check here looking of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want appl	662 67 68 68 70 71 13,193. 72 73 I overpaid Fructions 79 Identify The Complete being the period of which they are true. SIDENT	78 782 78 78 78 78 78 78 78 78 78 78 78 78 78	3,553,249.
Refund Refund Direct deposit? See Instructions. Amount You Owe Third Part Designee Sign Here John reburn? See Instructions.	68 69 70 71 72 78 74 75 76 a b 77 78 79 V Department	Earned income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 88 12 American opportunity credit from Form 8863, line 6 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4 136 Credit for federal tax on fuels. Attach Form 4 136 Credits from Form: a 2439 b Reserved 8885 d Add lines 84, 65, 66a, and 87 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you hand of line 75 you want refunded to you. If Form 8888 is attached, check here had been a fine 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax Your own. Subtract line 74 from line 63. For details on how to pay, see inst lestimated tax penalty (see instructions) Pypu want to allow another person to discuss this return with the IRS (see instruct person by you want to allow another person to discuss this return with the IRS (see instruct penalty literature of line 75 you want to allow another person to discuss this return with the IRS (see instruct penalty literature of line 10 your literature of line 10 your cocupation Your occupation	66a 67 68 69 70 71 13,193. 72 73 I everpaid Fructions 79 Jones!? X Yea. Complete bald they we way of the preparer ball they make on the latest o	78 782 78 78 78 78 78 78 78 78 78 78 78 78 78	3,553,249. No lidontification No lidontification Pile. IFIS scort you an Identity titon Pile.
Refund Refund Direct deposit? See Instructions. Amount You Owe Third Part Designee Sign Here John reason? See Instructions.	70 71 72 78 74 75 76a P Do October 1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Earned income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 88 12 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reservet 8885 d Amount 900 Add lines 84, 65, 66a, and 87 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you Amount of line 75 you want refunded to you. If Form 6888 is attached, check here included in your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax. Amount of line 75 you want applied to your 2018 estimated tax. Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 9. Dypu want to allow another person to discuss this return with the IRS (see instructions) Dypu want to allow another person to discuss this return with the IRS (see instructions) Dypu want to allow another person to discuss this return with the IRS (see instructions) Dypu want to allow another person to discuss this return with the IRS (see instructions) Out of plant plants of seams of income I resided during the tax year. Property of the first has been property of the first has b	66a 67 68 68 69 70 71 13,193. 72 73 Is everpaid Fructions 79 Jones? X Yea. Complete base As best of up knowledge and basel, they are true, a label on up information of which preparer bases SSIDRNT Ton	782 782 78 78 Portered riamber 5 correct, any know a project of the project of th	3,553,249. No lidontification No lidontification Pile. IFIS scort you an Identity titon Pile.
Refund Refund Direct deposit? See Instructions. Amount You Owe Third Part Designee Sign Here John return? See Instructions. Applications. Applications.	70 71 72 78 74 75 76 a b 77 78 79 V Day	Earned income credit (EIC) Nontaxable combat pay election	66a 67 68 68 69 70 71 13,193. 72 73 I everpaid Fructions 79 Jones? X Yea. Complete bale he best of my knowledge and balef, they are true, he best of my knowledge and balef, they are true, he best of my knowledge and balef, they are true, ks SIDRNT Ton	782 782 78 78 Portered riamber 5 correct, any know a project of the project of th	3,553,249. No lidontification No lidontification Pile. IFIS scort you an Identity titon Pile.
Refund Refund Direct deposit? See Instructions. Amount You Owe Third Part Designee Sign Here John reason? See Instructions.	70 71 72 78 74 75 76 a b 77 78 79 V Day	Earned income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 88 12 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reservet 8885 d Amount 900 Add lines 84, 65, 66a, and 87 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you Amount of line 75 you want refunded to you. If Form 6888 is attached, check here included in your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax. Amount of line 75 you want applied to your 2018 estimated tax. Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 9. Dypu want to allow another person to discuss this return with the IRS (see instructions) Dypu want to allow another person to discuss this return with the IRS (see instructions) Dypu want to allow another person to discuss this return with the IRS (see instructions) Dypu want to allow another person to discuss this return with the IRS (see instructions) Out of plant plants of seams of income I resided during the tax year. Property of the first has been property of the first has b	66a 67 68 68 69 70 71 13,193. 72 73 I everpaid Fructions 79 Jones? X Yea. Complete bale he best of my knowledge and balef, they are true, he best of my knowledge and balef, they are true, he best of my knowledge and balef, they are true, ks SIDRNT Ton	782 782 78 78 Portered riamber 5 correct, any know a project of the project of th	3,553,249. No lidontification No lidontification Pile. IFIS scort you an Identity titon Pile.

SCHEDULE A (Form 1040)

Itemized Deductions

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information. ➤ Attach to Form 1040.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on Form 1040

Caution: If you are claiming a net qualified disaster loss on Form 4684 see the instructions for line 28

JOSEPH R	. 1	BIDEN JR. & JILL T. BIDEN				
Medical		Caution: Do not include expenses reimbursed or paid by others.			I	
and	1	Medical and dental expenses (see instructions)	1			
Dental	2	Enter amount from Form 1040, line 38	H			
Expenses	_	Linds at house from 10-10, and 60	1		l	
_npo.too	3	Multiply line 2 by 7.5% (0.075)	3			
	4				4	0.
Taxes You		State and local (check only one box):	ŤΤ			
Paid	J	a X Income taxes, or SEE STATEMENT 13	5	722,8	98.	
· uiu		b General sales taxes	H	, -		
	6	Real estate taxes (see instructions)	6	13,7	15.	
	7	Personal property taxes	7			
		Other taxes. List type and amount	H			
	8		8			
	_	Add Kara Calamanah O			9	736,613.
Interest		Add lines 5 through 8	10	23,8		750,0151
You Paid	10 11	Home mortgage interest and points reported to you on Form 1098. Home mortgage interest not reported to you on Form 1098. If paid to the person	10	25,0	20.	
Tou Paid		from whom you bought the home, see instructions and show that person's name,				
		identifying no., and address				
**						
Note: Your mortgage			11 12			
interest	12	Points not reported to you on Form 1098. See instructions for special rules	-			
deduction may be limited (see	13	Mortgage insurance premiums (see instructions)	13			
instructions).	14	Investment interest. Attach Form 4952 if required. See instructions	14		15	23,820.
	15	Add lines 10 through 14	111	L,013,7		23,020.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	70 -	L, UIJ, /	04.	STMT 14
Charity	17					OTHI TA
If you made a		You must attach Form 8283 if over \$500	17			
gift and got a benefit for it,	18				146	1,013,762.
see instructions		Add lines 16 through 18		**********	19	1,013,702.
Casualty and Theft Losses	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684			1876	
		enter the amount from line 18 of that form. See instructions	1 1		. 20	
Job Expenses and Certain	21	Unreimbursed employee expenses - job travel, union dues, job education, etc.				
Miscellaneous		Attach Form 2106 or 2106-EZ if required. See instructions.				
Deductions						
			21			
	22	Tax preparation fees	22			
	23	Other expenses - investment, safe deposit box, etc. List type and amount				
			23			
	24		24			
	25	Enter amount from Form 1040, line 38	-			
	26	Multiply line 25 by 2% (0.02)			T_=	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			. 27	
Other Miscellaneous	28	Other - from list in instructions. List type and amount			-	
Deductions					-	
					28	
	29		1		1	
·		No. Your deduction is not limited. Add the amounts in the far right column	l or	rmr 15		1,452,670.
Total		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.) 5.	THT TO	29	1,234,070.
Itemized		Yes. Your deduction may be limited. See the Itemized Deductions				
Deductions		Worksheet in the instructions to figure the amount to enter.		_		
	30		uctio	n,	$\neg 1$	
		check here		🟲 L		

SCHEDULE B (Form 1040A or 1040)

Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

► Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

JOSEPH R.	В	IDEN JR. & JILL T. BIDEN				
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the		Am	ount	
Interest		property as a personal residence, see the instructions and list this interest first. Also, show that				
meresi		buyer's social security number and address				
		MASSACHUSETTS MUTUAL LIFE INSURANCE CO				23.
		MASSACHUSETTS MUTUAL LIFE INSURANCE CO				L3.
		MASSACHUSETTS MUTUAL LIFE INSURANCE CO			_	37.
		PNCBANK, NATIONAL ASSOCIATION				L8.
		UNITED STATES SENATE FEDERAL CREDIT UNION				<u> </u>
		MANUFACTURERS AND TRADERS TRUST ASSOCIATION	1 1		6,94	
		NEW CASTLE COUNTY SCHOOL EMPLOYEES				4.
Note: If you		FROM K-1 - CELTICCAPRI CORP			4.	<u>L4.</u>
received a Form						
1099-INT, Form 1099-OID.						
or substitute						
statement from a brokerage firm,						
list the firm's						
name as the payer and enter						
the total interest					7,60	50
shown on that form.		Add the amounts on line 1	2		1,0	
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.	ا ہ ا			
	_	Attach Form 8815 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	3 4		7,6	59.
		te: If line 4 is over \$1,500, you must complete Part III.	+ + +		nount	
Part II				All	iount	
	9	List name of payer				
Ordinary						
Dividends						
A1 - A 15			5			
Note: If you received a Form						
1099-DIV or						
substitute statement from						
a brokerage firm,						
list the firm's name as the				·····		
payer and enter the ordinary				***************************************		
dividends shown						
on that form.						
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6			
	No	te: If line 6 is over \$1,500, you must complete Part III.				
Part III	You	umust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had	a foreig	gn	Yes	No
	acc	count; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.				
Foreign	7a	At any time during 2017, did you have a financial interest in or signature authority over a financial a				
Accounts		as a bank account, securities account, or brokerage account) located in a foreign country? See ins				X
and		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(FBAR)),	150	
Trusts		to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for	r filing			View.
		requirements and exceptions to those requirements				500839*****
	b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the finance	ial acco	ount		
		is located				
	8	During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign	gn trus	t?		72
727501 10-25-17		If "Yes," you may have to file Form 3520. See instructions		**********		X

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040A or 1040) 2017

Interest and Dividend Summary

Name: JOSEPH R. BIDEN JR. & JI	LL T. BIDEN					FEIN/SSN:					·
Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Federal Income Tax Withheld	State Tax Withheld	Foreign Tax Paid
MASSACHUSETTS MUTUAL LIFE											<u> </u>
INSURANCE CO	23.										
MASSACHUSETTS MUTUAL LIFE											
INSURANCE CO	13.										<u> </u>
MASSACHUSETTS MUTUAL LIFE											<u> </u>
INSURANCE CO	37.										
PNCBANK, NATIONAL ASSOCIATION	218								60.		
UNITED STATES SENATE FEDERAL											
CREDIT UNION	15.										
MANUFACTURERS AND TRADERS											
TRUST ASSOCIATION	6,945										
NEW CASTLE COUNTY SCHOOL											
EMPLOYEES	4.										
FROM K-1 - CELTICCAPRI CORP	414										
TOTALS	7,669								60		
730191 04-01-17				12	2.1						

SCHEDULE C-EZ (Form 1040)

Net Profit From Business

(Sole Proprietorship)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.

OMB No. 1545-0074

Department of the Treasury ➤ Attach to Form 1040, 1040NR, or 1041. ➤ See instructions. Internal Revenue Service (99) Social security number (SSN) Name of proprietor JILL T. BIDEN **General Information** Part I Had business expenses of \$5,000 or less, · Had no employees during the year, Do not deduct expenses for business use Use the cash method of accounting. You May Use of your home, Schedule C-EZ Did not have an inventory at any time during Instead of Do not have prior year unallowed passive Schedule C activity losses from this business, and And You: Did not have a net loss from your business, Only If You: Are not required to file Form 4562. Had only one business as either a sole Depreciation and Amortization, for this proprietor, qualified joint venture, or business. See the instructions for Schedule statutory employee. C, line 13, to find out if you must file. B Enter business code (see inst) Principal business or profession, including product or service **▶** 711510 **AUTHOR** D Enter your EIN (see inst) Business name. If no separate business name, leave blank. JILL BIDEN Business address (including suite or room no.). Address not required if same as on page 1 of your tax return. City, town or post office, state, and ZIP code WILMINGTON, DE Did you make any payments in 2017 that would require you to file Form(s) 1099? (see the Instructions for Schedule C) Yes X No If "Yes," did you or will you file required Forms 1099? Part II Figure Your Net Profit Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory employees in the instructions for Schedule C, line 1, and check here TMT 16 ... 862. 1 0. 2 Total expenses (see instructions). If more than \$5,000, you must use Schedule C Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13, and Schedule SE, line 2, (Statutory employees do not report this 862. amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3 Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2. When did you place your vehicle in service for business purposes? (month, day, year) Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for: **b** Commuting **c** Other Business Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? 8a Do you have evidence to support your deduction? _______Yes ____ No

719191 10-25-17

For Paperwork Reduction Act Notice, see the separate instructions for Schedule C (Form 1040).

b If "Yes," is the evidence written?

Schedule C-EZ (Form 1040) 2017

Business Name:

Descri	otion	Tax Year 2016	Tax Year 2017	Increase (Decrease)
NCOME		AND THE PROPERTY OF THE PROPER		
ROSS INCOME		1,362.	862.	-500
NET PROFIT OR (LO	oss)	1,362.	862.	-500

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) Attach to Form 1040, 1040NR, or Form 1041.

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

Name(s) shown on return

Your social security number

JOS			& JILL T. BIDEN							
Pai			m Rental Real Estate and Roy							
	Schedule C or 0	C-EZ (see	instructions). If you are an individual, re	port far	m rental income	or loss	from Form	4835 on p		Ю.
A	id you make any paym	ents in 20	17 that would require you to file Form(s)	1099?	(see instruction:	s)			Yes	X No
	f "Yes," did you or will y								Yes	No_
1a	Physical address of eac	ch propert	y (street, city, state, ZIP code)		***************************************					
A			WILMINGTON, DE	3						
В	The same of the sa									
C										
1b	Type of Property		each rental real estate property listed ove. report the number of fair rental and					Fair Ren Days		
\perp	(from list below)	pe	sonal use days. Check the QJV box					-		ys
A	1		y if you meet the requirements to file as ualified joint venture. See instructions.				A	36!	2	+
В		Ц "	damed joint venture. See instructions.				В	ļ		
<u></u>		<u> </u>					<u> C</u>			
	e of Property:				_ ~ ~ ~					
	ngle Family Residence	l .	cation/Short-Term Rental 5 Land		7 Self-Rental					
	ulti-Family Residence	4 Co	mmercial 6 Royaltic Properties:	es T	8 Other (desc	:ribe)	В	1	С	
	ome:			+	19,8	$\frac{1}{2}$	D			
3_	······································	}			19,0	00.				
4 E		L		4			······································			
-	enses:			_						
5			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
6)							·····
7										
8	Commissions									
9										
10			s							
11			, etc. (see instructions)	12	5,3	82.	······			
12 13		l		-						
14										
15				-						
16		l		16	3,0	99.				
17				_	-					
18	Depreciation expense	or deplet	on	-						
19	Other (list)	o, dopios		19						
20	· · · ————	ines 5 thr	ough 19	20	8,4	81.				·····
21	-		s) and/or 4 (royalties). If result is a		-					
			It if you must file Form 6198	21	11,3	19.				
22			s after limitation, if any, on							
	Form 8582 (see instru	l		22	())	()
23a	Total of all amounts re		line 3 for all rental properties			23a	19	,800.		
b	Total of all amounts re	eported or	line 4 for all royalty properties			23b				
c	Total of all amounts re	ported or	line 12 for all properties			23c	5	,382.		
d			1° 1 m 6 11 10°			23d				
е	Total of all amounts re	eported or	line 20 for all properties			23e	8	,481.		
24	Income. Add positive	amounts	shown on line 21. Do not include any lo	sses				24	11	<u>,319.</u>
25	Losses. Add royalty to	osses fron	n line 21 and rental real estate losses fro	om line :	22. Enter total lo	sses h	ere	25	()
26			yalty income or (loss). Combine lines 2					1 1		
	. 7		apply to you, also enter this amount or	Form	1040, line 17, or	Form :	1040NR, line			212
			unt in the total on line 41 on page 2		<u></u>	*****		26		<u>,319.</u>
LHA	For Paperwork Red	luction Ac	t Notice, see the separate instruction	S.				Schedule	E (Form 10	2017

	(s) shown on return. Do not en	er name and social securit	y number if showi	on page 1.				лишини	an Sequen			rity number
												,
	SEPH R. BIDI									·····		
_	ion: The IRS compares an											
Pa					rporations Note					at-risl	cactivity fo	r which
					ne 28 and attach Fo							
27	Are you reporting any lo	ss not allowed in a pri	or year due to ti	ne at-risk, exc	ess farm loss, or basis	s limita	tions,	a prior year	unallowe	d loss	from a	
	passive activity (if that lo	oss was not reported o	n Form 8582),	or unreimbur	sed partnership expens	ses?					Yes	X No
	If you answered "Yes," s											
						(b)Ent	ter P for	(C) Check) Emp		(e) Check if any amount is not at risk
28		(a)) Name			or S cor	uberation Legals	(C) Check if foreign partnership	identif	icatior	number	not at risk
A	CELTICCAPR	CORP					5					
В	GIACOPPA C				***************************************	1 8	S					
C						1						
0						\vdash						
	Par	sive Income and L	000			1	Nonn	assive Inc	ome an	dlos	:0	
	(f) Passive loss		T	n incomo	(h) Nonpassive los			ction 179 e			j) Nonpassi	/e income
	(attach Form 8582		from Sch	/e income edule K-1	from Schedule K-			ion from Fo		,	from Sche	dule K-1
	(4.23 7 5 5 5 5											0,857.
<u>A</u>			_			\dashv		······································				7,882.
В											33	7,002.
C												
D	Totals Totals Add columns (a) and (ii										4	
29a	Totals						PARSIL.				10,04	8,739.
b	Totals											
30	Add columns (g) and (j)	of line 29a								30	10,04	8,739.
31	Add columns (f), (h), ar									31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the												
	result here and include							,.,		32	10,04	8,739.
Pa	rt III Income or	Loss From Esta	ates and Ti	rusts					***************************************		4	
											(b) Fn	ployer
33			(a) Name								on number
A										_		
B										_		
		Passive Inc	ome and Los	<u> </u>				Nonna	essive in	come	and Loss	
	(a) Daceivo dor	luction or loss allowed		·	assive income		e) Dec	luction or lo				
		n 8582 if required)	•		Schedule K-1			Schedule K		(f) Other income from Schedule K-1		
-	·											
<u>A</u>		<u> </u>					······································					
В				<u> </u>			S 78.35	viction architecture	Mary Con			
34a	Totals			208000000								Santage (1985)
b	Totals										10000000	
35	Add columns (d) and (f	t								35	 , 	
36	Add columns (c) and (e) of line 34b								36	()
37	Total estate and trust i									37	<u> </u>	
Pæ	irt IV Income or	oss From Rea			nvestment Cor	ndun	ts (H	EMICs)	- Kesi	dual		
38	(a) Name		(b) Em	ployer	(c) Excess inclusion Schedules Q, line (see instructions	2c	(0) (0)	ixable incol from Sche l	ne (net Jules Q.		(e) Incon	
	(4) 193111		identificatio	in number	(see instructions	3)	,	line 1b			Schedules	u , iii le au
39	Combine columns (d) a	nd (e) only. Enter the i	result here and	include in the	total on line 41 below					39]	
Pa	art V Summary											
40	Net farm rental income	or (loss) from Form 4	835. Also, com	plete lîne 42 b	elow					40		
41	Total income or (loss).	. Combine lines 26, 32, 37	, 39, and 40. Enter	the result here	and on Form 1040, line 17	, or For	m 1040	NR, line 18	🕨	41	10,06	0,058.
42	Reconciliation of farm	ing and fishing incom	e. Enter your gi	ross farming a	and fishing income					188		
	reported on Form 4835	1 -										
	(Form 1120S), box 17,	1			P	42						
43	Reconciliation for real	1										
	enter the net income or (los				I							
	activities in which you mate	1			r	43						
		, , ,	,y		*************************		<u></u>			Sc.	hedule F (F	orm 1040) 201

15300707 745960 54742

2017 Income from Passthroughs

CELTICCAPRI CORP

I.D. NUMBER:

TYPE: S CORPORATION

ACTIVITY INFORMATION:

CELTICCAPRI, CORP

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)

9,490,857.

TOTAL NONPASSIVE INCOME (LOSS)

9,490,857.

OTHER K-1 INFORMATION:

INTEREST INCOME

OTHER ITEMIZED DEDUCTIONS

INVESTMENT INCOME

NONDEDUCTIBLE EXPENSES

SE EARNINGS

414.

3,298.

414. 11,809.

145,833.

2017 Income from Passthroughs

GIACOPPA CORP

I.D. NUMBER:

TYPE: S CORPORATION

ACTIVITY INFORMATION:

GIACOPPA CORP

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)

557,882.

TOTAL NONPASSIVE INCOME (LOSS)

557,882.

728021 04-01-17

2017 Income from Passthroughs SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS OTHER K-1 INFORMATION: INTEREST INCOME OTHER ITEMIZED DEDUCTIONS NONDEDUCTIBLE EXPENSES SE EARNINGS INVESTMENT INTEREST EXPENSE:

414.

INVESTMENT INCOME

Property Name: WILMINGTON, DE COTTAGE -Tax Year Tax Year Increase Description (Decrease) 2016 2017 INCOME 26,400. 19,800. -6,600. RENTS RECEIVED EXPENSES 674. 4,708. 5,382. MORTGAGE INTEREST 3,099. 140. TAXES 2,959. 7,667. 8,481. 814. SUBTOTAL -7,414. 18,733. 11,319. INCOME OR (LOSS)

Schedule SE (Form 1040) 2017

From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

DOES NOT APPLY

Form 6251

Department of the Treasury Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

► Go to www.irs.gov/Form6251 for instructions and the latest information.

Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2017

Attachment Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR Your social security number JOSEPH R. BIDEN JR. & JILL T. BIDEN Part I Alternative Minimum Taxable Income 1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the 9,578,639. amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) 1 2 2 Reserved for future use 736,613. 3 Taxes from Schedule A (Form 1040), line 9 3 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line 4 5 Miscellaneous deductions from Schedule A (Form 1040), line 27 5 -321,525. 6 If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions 6 7 Tax refund from Form 1040, line 10 or line 21 8 Investment interest expense (difference between regular tax and AMT) 8 Depletion (difference between regular tax and AMT) 9 10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 10 11 Alternative tax net operating loss deduction 11 12 Interest from specified private activity bonds exempt from the regular tax 12 13 Qualified small business stock, see instructions 13 14 Exercise of incentive stock options (excess of AMT income over regular tax income) 14 15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 15 16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 16 17 Disposition of property (difference between AMT and regular tax gain or loss) 17 18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 18 19 Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 18 0. 20 Loss limitations (difference between AMT and regular tax income or loss) 20 21 Circulation costs (difference between regular tax and AMT) 21 22 Long-term contracts (difference between AMT and regular tax income) 23 Mining costs (difference between regular tax and AMT) 23 24 Research and experimental costs (difference between regular tax and AMT) 24 25 Income from certain installment sales before January 1, 1987 26 Intangible drilling costs preference 26 27 Other adjustments, including income-based related adjustments 27 28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.) 9,993,727. Part II Alternative Minimum Tax (AMT) 29 Exemption. (If you were under age 24 at the end of 2017, see instructions.) THEN enter on line 29... IF your filing status is... AND line 28 is not over... Single or head of household \$120,700 \$54,300 Married filing jointly or qualifying widow(er) 160,900 84,500 0. Married filing separately | 29 80,450 42,250 If line 28 is over the amount shown above for your filing status, see instructions. 9,993,727. 30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34 30 31 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. 2,794,488. 31 All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by ... 26% (0.26). Otherwise, multiply line 30 by 26% (0.28) and subtract \$3,756 (\$1,878 if married filling separately) from the result. 32 Alternative minimum tax foreign tax credit (see instructions) 32 2,794,488. 33 Tentative minimum tax. Subtract line 32 from line 31 33 34 Add Form 1040, line 44 (rhinus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions) 34 35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45

Part III Tax Computation Using Maximum Capital Gains Rates

	Complete Dat High is an equited to do so by line 21 or by the Eggin Earned Income Tay Worksh	aat in t	ha inethictione
	Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksh	ser III I	uic iiigiiuciiciig.
36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from	م ا	
	line 3 of the worksheet in the instructions for line 31	36	
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If		
	you are filing Form 2555 dr 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see		
	instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount		
	from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line		
	10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or		
	2555-EZ, see instructions for the amount to enter	39	
40	Enter the smaller of line 36 or line 39	40	
	Subtract line 40 from line 36	41	
42	If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise,		
	multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	42	
43	Enter:		
	• \$75,900 if married filing jointly or qualifying widow(er),		
	• \$37,950 if single or married filing separately, or	43	
	• \$50,800 if head of household.		
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either		
	worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you		
	are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	
	Enter the smaller of line 36 or line 37	46	
	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	
	Subtract line 47 from line 46	48	
	Enter:		
	• \$418,400 if single		
	• \$235,350 if married filling separately	49	
	\$235,350 if married filing separately \$470,700 if married filing jointly or qualifying widow(er) \$444,550 if head of household		
50	Enter the amount from line 45	50	
	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
.	for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies		
	(as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the		
	amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ,		
	see instructions for the amount to enter	51	
go.		52	
	Add line 50 and line 51 Subtract line 52 from line 49. If zero or less, enter -0-	53	
		54	
	Enter the smaller of line 48 or line 53	55	
	Multiply line 54 by 15% (0.15)	56	
5 0	Add lines 47 and 54 If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.	۳	
67		57	
		58	
ಲರ	Multiply line 57 by 20% (0.20) If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.	 	
E۸	A A A M	59	
	Add lines 41, 56, and 57 Subtract line 50 from line 36	60	
	Subtract line 59 from line 36	61	
	Multiply line 60 by 25% (0.25)	62	
	Add lines 42, 55, 58, and 61	02	
53	If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26).	63	
	Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	03	
54	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter		
	this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	Form 6251 /2017

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT Name(s) Social Security Number

JOSEPH R. BIDEN JR. & JILL T. BIDEN

Form			Adjustment								
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment				
E -	COTTAGE - WILMINGTON, * REGULAR INCOME	11,319. 11,319.									
	* AMT NET INCOME	11,319.									
34102.79											

SCHEDULE H (Form 1040)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

Attach to Form 1040, 1040NR, 1040-SS, or 1041.

OMB No. 1545-1971

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleH for instructions and the latest information.

	Attachment Sequence No. 44
cial se	curity number
ployer	identification number

Na	me of employer								8	Social s	ecurity number
JO	OSEPH R.	BIDE	N JR.	& JILL	T. BIDEN				E	mploye	er identification number
			***************************************		oyees in 2017 don't h	nave to comple	te this	form for 20)17.		
A		-			sh wages of \$2,000 c ge 18, see the line A		-	-		-	ır spouse, your child
		Skip line Go to lin		and go to line	91 .						
В	Did you withho	old feder	al income t	tax during 20	17 for any household	i employee?					
		Skip line Go to lin	C and go	to line 7.							
С					ore in any calendar q 7 to your spouse, you					oyees?	
	[J	•		schedule. go to line 10.							
P	art I Social	l Secur	ity, Med	licare, and	l Federal Incom	e Taxes					
1	Total cash wage	es subjec	t to social	security tax			1		8,600	•	
2	Social security t	ax. Multi	ply line 1 b	y 12.4% (0.1	24)			•••••		2	1,066.
3	Total cash wage	es subjec	t to Medic	are tax			3		8,600	•	
4	Medicare tax. M	lultiply lin	ie 3 by 2.9	% (0.029)						4_	249.
5	Total cash wage	es subjec	t to Addition	onal Medicare	a Tax withholding		5			-	
6	Additional Medi	care Tax	withholdin	g. Multiply lin	e 5 by 0.9% (0.009)					6_	
7	Federal income	tax with	eld, if any	***************************************						7	
8	Total social sec	curity, M	edicare, a	nd federal in	come taxes. Add lir	nes 2, 4, 6, and	7			8	1,315.
9			_	•	in any calendar qua o your spouse, your					yees?	
		top. Incl ne 9 instr		ount from line	e 8 above on Form 1	040, line 60a. l	f you'r	re not requi	red to file For	m 1040	, see the
	X Yes. G	o to line	10.								

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Schedule H (Form 1040) 2017

710351 11-28-17

Schedule H (For	m 1040) 2017 J					JILL	T. BII	EN							Page 2
Part II	Federal U	nemplo	oyment (i	FUTA) T	ax									Tw	T 81-
_	pay unemploy	1											r	Yes	No
	ructions and c		O.**			And 47 00:	192 Finant	oor fil	ora aga ingtn	votiono			10	X	
-	pay all state u	1											12	X	
	checked the	I .			-			one ten	M.T	**********			L	J	L
If you	checked the	"No" box	on any of t	he lines al	bove, skip	Section A a	nd complet	e Sec	tion B.						
						Section /	1								
13 Name of	f the state who	ere you p	aid unemple	oyment co	ontribution	s	-		DE		_				
							,								
	utions paid to	-					L	4	RATE					7 0	000
15 Total ca	sh wages sub	ject to Fl	UTA tax						.		15	 		1,0	42.
16 FUTA ta	ax. Multiply lin	e 15 by 0	0.006)	. Enter the		Section 6		go to	iine 25		10	<u> </u>			-2.
47 Complet	te all columns	holowyth	nat apply (if s	ou pood i											
(a)	(b)	Delow (i)		c) rience rate	more spac	(d)	(e)		(f)	Т	(g)	T	(h)	****
Name Ta	xable wages (as fined in state act)		State expe per	rience rate iod		State experience	Multiply c by 0.0		Multiply co by col. (Subtract from co	sl. (e).	l p	ontributi aid to st	ate
state			From	1	Го	rate			-,\	<i>-</i>	If zero o enter		ur	nemploy: fund	nent
													ļ		
									• • • • • • • • • • • • • • • • • • • •	18	1	T	<u> </u>		
19 Add columns (g) and (h) of line 18															
20 Total cash wages subject to FUTA tax (see the line 15 instructions) 20 21 Multiply line 20 by 6.0% (0.060) 21															
									*		21			<u> </u>	
	line 20 by 5.4										-				
	ie smalle r of li paid state uner	1							****************		"				
	tructions and (Г	□ 23				
	ax. Subtract li														
	Total Hou					<u> </u>									
25 Enter th	ne amount from	n line 8. l	f you check	ed the "Ye	es" box or	n line C of pa	ige 1, enter	-0		·····	. 25			1,3	315.
	e 16 (or line 24		•								. 26			1,3	357.
27 Are you	required to fil	e Form 1	040?												
X Yes	s. Stop. Inclu	de the an	nount from I	ine 26 abo	ove on Fo	rm 1040, line	60a. Don'	t com	plete Part IV I	below.					
P	You may ha														
Part IV	Address a er and street) or P.	and Sig	Jnature - Il ian I delivered	Complete	this part o	only if requir	ed. See the	line 2	?7 instruction	S.	I Apt., r	com, or s	uite no.		
roadoo (ramar												•			
City, town or po	ost office, state, an	d ZIP code								·····					
•		-													
Under penalties	of perjury, I declar	re that I have	e examined this	schedule, inc	cluding accor	npanying statem	ents, and to th	e best o	f my knowledge a	and belief,	it is true, co	rrect, and	complet	le. No pa	rt of any
payment made	to a state unemplo has any knowledge	yment fund	claimed as a cn	edit was, or b	s to be, dedu	cted from the pa	yments to emp	loyees. I	Declaration of pre	eparer (othe	er than taxpa	ayer) is ba	ised on a	all (morm	ation of
	•														
Employer	'a signature			······					Date						
***************************************	Print/Type	prepare	r's name		Preparer's	signature		Dat	te	Check	if	PTIN			
Paid										self- er	nployed				
Prepare	I HILL O LIGHT	ne 🚩								Firm's	EIN ►				
Use Oni										 					
	Firm's add	iress 🕨								Phon	e no.				
	L														

710352 11-28-17

Form **8959**

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.
 ► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

► Go to www.irs.gov/Form8959 for instructions and the latest information.

2017
Attachment

Name(s) shown on return Your social security number JOSEPH R. BIDEN JR. & JILL T. BIDEN Part I Additional Medicare Tax on Medicare Wages 1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts 729,776. from hox 5 2 Unreported tips from Form 4137, line 6 2 3 Wages from Form 8919 line 6 729,776. 4 Add lines 1 through 3 5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 250,000. Single, Head of household, or Qualifying widow(er) \$200,000 479,776. 6 Subtract line 5 from line 4. If zero or less, enter -0-4.318. 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II 7 Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter 796. -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) 8 9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 250,000 Single, Head of household, or Qualifying widow(er) \$200,000 9 729,776. 10 Enter the amount from line 4 11 Subtract line 10 from line 9. If zero or less, enter -0-796. 12 Subtract line 11 from line 8. If zero or less, enter -0-12 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter 7. here and go to Part III 13 Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 16 Subtract line 15 from line 14. If zero or less, enter -0-16 17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009), Enter here and go to Part IV. 17 Part IV Total Additional Medicare Tax 18 Add lines 7, 13, and 17 Also include this amount on Form 1040, line 62, (Form 1040NR, 4,325. 1040-PR, and 1040-SS filers, see instructions) and go to Part V. 18 Withholding Reconciliation 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 12,122 19 729,776. 20 Enter the amount from line 1 20 21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages 10,582. 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 1,540. withholding on Medicare wages 22 23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) 23 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, 1,540. and 1040-SS filers, see instructions) 24

Form **8960**

Net Investment Income Tax -Individuals, Estates, and Trusts

OMB No. 1545-2227

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on your tax return

➤ Attach to your tax return.

► Go to www.irs.gov/Form8960 for instructions and the latest information.

Your social security number or EIN

	EPH R. BIDEN JR. & JILL T. BIDEN				
Pari				•	
	Section 6013(h) election (see instructions)				
	Regulations section 1.1411-10(g) election (s	see ins	tructions)		
1	Taxable interest (see instructions)			1	7,669.
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,		40 000 000		
	etc. (see instructions)	4a	10,060,058	•	
b	Adjustment for net income or loss derived in the ordinary course of		10 040 570		
	a non-section 1411 trade or business (see instructions) STATEMENT 19	4b	-10,048,739	4	11 210
С	Combine lines 4a and 4b	 I		4c	11,319.
5a	Net gain or loss from disposition of property (see instructions)	5a		4 4	
b	Net gain or loss from disposition of property that is not subject to				
	net investment income tax (see instructions)	5b			
C	Adjustment from disposition of partnership interest or S corporation				
	stock (see instructions)	5c			
d	Combine lines 5a through 5c				
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)				
7	Other modifications to investment income (see instructions)				10 000
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	18,988.
Par	II Investment Expenses Allocable to Investment Income and	1	lifications	1000000	
9a	Investment interest expenses (see instructions)	9a	4 105		
b	State, local, and foreign income tax (see instructions)		4,185	•	
C	Miscellaneous investment expenses (see instructions)			4 105	
d	Add lines 9a, 9b, and 9c				4,185.
10	Additional modifications (see instructions)				4405
11	Total deductions and modifications. Add lines 9d and 10	*****		11	4,185.
	III Tax Computation				
12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals comp				14 002
	17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-			12	14,803.
	Individuals:	1	1 11 021 200		
13	Modified adjusted gross income (see instructions)	13	11,031,309	•	
14	Threshold based on fling status (see instructions)	14	250,000	-	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	10,761,303	4	14 002
16	Enter the smaller of line 12 of line 15			16	14,803.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter he			l	563.
	include on your tax return (see instructions)			17	303.
	Estates and Trusts:	1	ı		
18a	Net investment income (line 12 above)	18a		-	
b	Deductions for distributions of net investment income and				
	deductions under section 642(c) (see instructions)	18b			
C	Undistributed net investment income. Subtract line 18b from 18a (see				
	instructions). If zero or less, enter -0-	18c		- 3	
19a	Adjusted gross income (see instructions)	19a		4 1	
b	Highest tax bracket for estates and trusts for the year (see				
	instructions)	19b			
C	Subtract line 19b from line 19a. If zero or less, enter-0-		<u> </u>		
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038).E				
LUA	and include on your tax return (see instructions) For Paperwork Reduction Act Notice, see your tax return instructions.		. ((21	Form 8960 (2017)

723121 12-22-17

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Par	t I - Application of S	ection 67 to Deduc	tions Properly Allo	cable to Invest	ment In	come	
4	Enter the amount of M	iscellaneous Itemized F	eductions properly				
**		t income before any iter		ations			
		8960 line number wher					
		Description	Line	Amount			
	·		Approximate	And the control of th			
	(b)						
2.		ms listed in line 1					
3.	Enter the amount of all				_		
	application of the sect	ion 67 limitation (Sched	ule A (Form 1040),				
	line 27)				3		
4.	Enter the lesser of the						4
Par	t - Application of	Section 67 Limitatio	n to Specific Ded	uctions			
							
						(B)	
						IF line 3 is less than	
						line 2, THEN divide	
						line 3 by line 2 AND	
						enter the amount in	
						column (B).	(C)
						F amounts reported	Multiply the
					•	on Part I, lines 2 and	individual amounts
						4 are equal, THEN	in column (A) by the
		(4	•	6	•	enter 1.00 in column	amount in column (B).
		ter the amounts and de				(B).	(D).
	•	Description	<u>Line</u>	Amount			
					× _		
	(b)				_ x _		
		e the amounts in colum		, to determine the	amount	of these deductions th	nat are
1	IP allowable after the	he application of the sec	ction 68 limitation.				
		ts - Enter the amounts i	n column (C) in the ap	propriate location	on lines	9 and 10. Don't compl	lete Parts
	III or IV of this w	drksheet.					
L		1					

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet -

Keep for Your Records

JJ11		-	_					
Par	t III -	Application o	f Section 68 to deduct	tions properly all	ocable to investm	nent	income (Individuals	Only)
1.	Ente	r the amount of t	Miscellaneous Itemized De	ductions properly a	llocable to			
			Description	Line	Amount			
	(a)							
2.								
						2.	4,185.	
3.							**************************************	
				•				
				-				
		ationo (Descriptio						
	(2)			************				
	_							
A			tione properly allocable to	investment income	subject to the section	าก ค.ค.	limitation Enter	
4.								4.185.
	uie s	sum or mies i un	ougn 3	***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. 2/2001
l _	 -				340	-	1 452 670	
5.	Ente	r the amount of t	otal itemized deductions i	reported on Form 10	J4U	5.	1,432,070+	
6.			ed deductions allowed but	not subject to the :	section 68			
	(b)	•	7					
	(c)	Medical Expen	ses		······································			
	(d)	Gambling Loss	es					
(a) (b) 2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income and properly allocable to investment income subject to the section 68 limitation and properly allocable to investment income before any itemized deduction kinitations (Description and Form 8960 line number where they'll be reported): Description Line Amount (a) (b) 4. Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3 5. Enter the amount of total internized deductions reported on Form 1040 5. Enter all other itemized deductions allowed but not subject to the section 68 deduction intriation: (a) investment interest Expense (b) Casualty Lossels (other than losses described in section 169(c)(ti)) (c) Medical Expenses (d) Garnbling Lossels (de) Total of lines 69 through 6(d) 7. Subtract line 6e from line 5 8. Enter the lesser of line 7 or line 4 8. TIPP The Internity of the section of fermitted deductions that are properly allocable to investment income after the application of the sections of or Form 8960, lines 9 and 10 (lindividuals Only) Part IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (lindividuals Only) Reenter the amounts and descriptions from Part III, lines 1 - 3. Miscellaneous termized Deductions properly allocable to lines 1 and 10 (lindividuals Only) (A) Reenter the amounts and descriptions from Part III, lines 1 - 3. Miscellaneous termized Deductions properly allocable to lines 1 and 10 (lindividuals Only) (B) IF Part III, line 8 lis less than Part III, line 4, THEN critic 4, THEN critic 4, and 6 are equal, THEN enter 10 (line 4) and 60 are equal, THEN enter 10 (line 4) and 60 are equal, THEN enter 10 (line 4) and 60 are equal, THEN enter 10 (line 4) and 60 are equal, THEN enter 10 (line 4) and 60 are equal, THEN enter 10 (line 4) and 60 are equal to 10 lines 10 lines 10 and 60 are equal to 10 lines 10 li								
7.	Subt	tract line 6e from	line 5			******		7. 1,452,670.
8.	Ente	r the lesser of lin	e 7 or line 4				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8. 4,185.
100								
T	TIP							
3.98				Of this Worksheet to	reconone una amour	in to	the individual decacacit	anounts reported
		•						
Par	t IV -	Reconciliatio	n of Schedule A Dedu	ctions to Form 8	960, lines 9 and 1	10 (Ir	ıdividuals Only)	
 					-		/B\	
							, ,	
								(C)
							•	Multiply the individual
								amounts in column
							IF the amounts	(A) by the amount in
							reported on Part III,	column (B). Enter
								these amounts in the
		Donne			linge 1 - 2			
1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II: Description Line Amount (a) (a) (b) 2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income and properly allocable to investment income before any itemized deduction immatations (Description and Foreign Security III) (a) (b) 2. Enter the amount of of the ministration (a) (b) 2. Enter the total doductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 tribugh 3 4. A 1.85. 6. Enter the neutron of folial itemized deductions reported on Form 1040 6. Enter the amount of total itemized deductions allowed but not subject to the section 68 deduction infinitation. (a) Investment Interest Expense (b) Casually Lossels (other than losses described in section 155(c)(h)) (c) Medical Expenses (b) Casually Lossels (other than losses described in section 155(c)(h)) (c) Medical Expenses (e) Total of lines 6(s) through 6(d) 7. 1, 452, 670. 8. Enter the lesser of line 7 or line 4 8. Enter the lesser of line 7 or line 4 8. Enter the lesser of line 7 or line 4 (a) (a) (b) (c) Medical Expenses (b) Casually Lossels (other than losses described in section 155(c)(h)) (c) Medical Expenses (e) Total of lines 6(s) through 6(d) 7. 1, 452, 670. (b) (c) Medical Expenses (c) Fart the lesser of line 7 or line 4 (d) Renework of temized deductions that are properly allocable to investment income after the application of the sections of rine 4 (a) (b) (c) Medical Expenses (b) Casually Lossels (other than losses described in section 155(c)(h) (line)								
1			pequetions properly allo	caple to				
Inve	estme	int income:			A			
				***************************************	***************************************			
1.						X		
					4 4 6 5	X	1 0000	4 4 4 5 5
			1		4,185.	X	1.0000	= 4,185.
Iten	nized	Deductions Sul	ject to Section 68 includ	ded on Line				
3 01								
3.	(a)					X		
	(h)					X		
	(n)							

723252 01-10-18

Form **8960**

Net Investment Income Tax - Individuals, Estates, and Trusts

2017

DELAWARE - TAXPAYER

Name	(s) EPH R. BIDEN JR.	Your soci	ial s	ecurity number or EIN
	Investment Income Section 6013(g) election			
. 4	Regulations section 1.1411-10(g) election			
1	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)		1	3,977.
2	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)		:	
3	Annuities from nonqualified plans	·····	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,	100		
74	etc. (Form 1040, line 17; or Form 1041, line 5) 4a 9,496,5	517.		
ь	Adjustment for net income or loss derived in the ordinary course of			
_	a non-section 1411 trade or business 4b -9,490,8	357.		
С	Combine lines 4a and 4b		ic	5,660.
5a	Net gain or loss from disposition of property from Form 1040,			
	combine lines 13 and 14, or from Form 1041, combine lines 4 and 7			
b	Net gain or loss from disposition of property that is not subject to			
	net investment income tax 5b			
c	Adjustment from disposition of partnership interest or S corporation			
	stock 5c			
d	Combine lines 5a through 5c	5	5d	
6	Changes in investment income for certain CFCs and PFICs		6	
7	Other modifications to investment income		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	l	8	9,637.
Pai	t II State Income Tax Pro-ration for 2017 Income Tax Payments			
9	State total income		9	10,192,553.
10	State income tax payments for 2017 SEE STATEMENT	20	10	324,349.
11	2017 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10		11	307.
Pa	t III State Income Tax Pro-ration for 2016 Estimate Payments Made in 2017		y	
12	State estimate payments for 2016		12	0.41.063
13	Percent of state income taxes attributable to investment income for 2016		13	.041863
14	2016 state estimate payments attributable to investment income. Line 12 times line 13		14	
Pa	t IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension			Paid in 2017
15	Balance of prior years tax plus extension payments paid in 2017		15	290. .041863
16	Percent of state income taxes attributable to investment income for 2016		16	12.
17	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16	3 *	17	14.
	t V Reduction of State Tax Deduction		1	,
18	Reduction of state tax deduction		18	.041863
19	Percent of state income taxes attributable to investment income for 2016		19	*041003
20 D-	Reduction of state tax deduction attributable to investment income. Line 18 times line 19	3	20	<u>(</u>
	t VI Total State Income Tax Payments Attributable to Investment Income			319.
21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	2	21	317.

Form 8960 (2017)

Form **8960**

Net Investment Income Tax - Individuals, Estates, and Trusts

2017

DELAWARE - SPOUSE

Name	(S) L T. BIDEN	Your so	cial s	ecurity number or EIN
***************************************	Investment Income Section 6013(g) election			
ACTION THE	Regulations section 1.1411-10(g) election			
1	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)		1	3,692.
2	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)		2	
3	Annuities from nonqualified plans	-	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,			
	etc. (Form 1040, line 17; or Form 1041, line 5) 4a 563, 5	41.		
b	Adjustment for net income or loss derived in the ordinary course of			
	a non-section 1411 trade or business 4b -557,8	82.		
С	Combine lines 4a and 4b		4c	5,659.
5a	Net gain or loss from disposition of property from Form 1040,			
	combine lines 13 and 14; or from Form 1041, combine lines 4 and 7			
b	Net gain or loss from disposition of property that is not subject to			
	net investment income tax5b			
C	Adjustment from disposition of partnership interest or S corporation			
	stock5c			
d	Combine lines 5a through 5c		5d	
8	Changes in investment income for certain CFCs and PFICs		6	
7	Other modifications to investment income		7	<u></u>
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	<u> </u>	8	9,351.
Par	t II State Income Tax Pro-ration for 2017 Income Tax Payments	т		770 037
9	State total income State income tax payments for 2017 SEE STATEMENT		9	778,837.
10		4.1 . -	10	315,615.
11_		<u></u>	11	3,789.
	t III State Income Tax Pro-ration for 2016 Estimate Payments Made in 2017			
12	State estimate payments for 2016	·····	12	.080612
13	Percent of state income taxes attributable to investment income for 2016		13	.000012
14	2016 state estimate payments attributable to investment income. Line 12 times line 13 t IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension		14	Daid in 2017
				958.
15	Balance of prior years tax plus extension payments paid in 2017		15 16	.080612
16	Percent of state income taxes attributable to investment income for 2016 Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16		17	77.
17 Dor	t V Reduction of State Tax Deduction			,,,
18			18	7
19	Reduction of state tax deduction Percent of state income taxes attributable to investment income for 2016		19	.080612
20	Reduction of state tax deduction attributable to investment income. Line 18 times line 19		20	(
***************************************	tVI Total State Income Tax Payments Attributable to Investment Income			
21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	T	21	3,866.

Form 8960 (2017)

Shared Responsibility Payment

721636 12-26-17

To Figure Your Shared Responsibility Payment

- Follow Steps 1 through 5 next.
- Complete Worksheet A or Worksheet B if you are directed to them as you complete Steps 1 through 5.
- Complete the Shared Responsibility Payment Worksheet as directed by Steps 1 through 5 or Worksheets A and B.

Step 1 All Filers		
1. Can someone claim you	as a dependent?	
Yes, Stop. You don t	owe a shared responsibility payment. Don t check the box on line 6a of Form 1040 or Form 1040A. If you lile Form 1040EZ, check the box	on line 5
X No. Continue to I		
	l Ise in your tax household (see <i>Tax household</i> under <i>Definitions</i> , earlier) have qualifying health coverage	for every month of
2017*?		•
	owe a shared responsibility payment. Check the Full-year coverage box on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line	111
No. Continue to I		
		ad qualifying health
care coverage for every month h	erage box if you had or adopted a child during the year, or a member of your tax household died during the year, as long as that person he or she was a member of your tax household.	ao qaanying mani
3 Did you or anyone else i	 n your tax household have qualifying health coverage or qualify for a coverage exemption for any mont	h in
2017?		
	any coverage exemption you qualify for on Form 8965. Skip question 4; go to Worksheet A	
No. Continue to I		
	in your tax household turn 18 during 2017?	
Yes. Go to Works	· ·	
No. Go to Step 2		
Step 2 Flat Dollar A	mount	
**************************************	nber of people in your tax household who were at least 18 years old*	1
	the shared responsibility payment, an individual is considered under age 18 for an entire month if he	
	bre the first day of the month. An individual turns 18 on the anniversary of the day the individual was	
born.		
	humber of people in your tax household who were under age 18	
4. Enter the smaller of line	3 or \$2,085 here and on line 1 of the Shared Responsibility Payment Worksheet. Go to Step 3	4
Step 3 Household I	ncome	
Name of the last o	orm 1040, line 38; Form 1040A, line 21; or Form 1040EZ, line 4	1
2. Did you receive any tax-		
	of from 1040, line 8b; Form 1040A, line 8b; or the amount entered in the space to the left of Form 1040EZ, line 2	2
No. Continue to I		
3. Did you attach Form 255		
	mount from Form 2555, lines 45 and 50; or Form 2555-EZ, line 18	3
No. Continue to 1		3
4. Did you claim any deper		
Yes. Continue to		
	es 1 through 3. This is your household income. Enter the result on Step 4, line 1	
	ents you claimed required to file a return?	
	ions 1 through 3 for each dependent with a filing requirement for whom you didn t attach Form 8814. Enter the total here	5
	rough 3. This is your household Income. Enter the result on Step 4, line 1	
6. Did you attach Form 88		
Yes. Continue to		
	es 1, 2, 3, and 5. This is your household income . Enter the result on Step 4, line 1	
7. Is Form 8814, line 4, mo		
	ount from Form 8814, line 1b, and the smaller of Form 8814, line 4 or 5	7
No. Enter -0 Cor		
8. Add lines 1, 2, 3, 5, and	7. This is your household income. Enter the result on Step 4, line 1	88

Shared Responsibility Payment continued

8	tep 4 Percentage Income Amount	
1.	Enter your household income from Step 3	1
2	Were you or your spouse (if filing jointly) born before January 2, 1953?	
۷.	Yes. Skip question 3. Find your filing threshold on the Filing Thresholds for Most People chart and enter it both here	
	and on line 4.	2
	No. Go to question 3	
3.	Enter the amount listed below for your filing status.	3
	• Single - \$10,400	
	Head of household - \$13,400	
	Married filing jointly - \$20,800	
	Married filing separately - \$4,050	
	Qualifying widow(er) - \$16,750	
А	Enter the amount from line 2 or 3.	4
₹.	Like the amount with the 2 of 3.	7
5.	Subtract line 4 from line 1	5
6.	Is the amount on line 5 zero or less?	
	Yes. Stop. You don't owe a shared responsibility payment. Complete Form 8965 by checking the box on line 7.	
	No. Continue to line 7.	
7.	Multiply line 5 by 2.5% (0.025). This is your percentage income amount	7
8.	Were you required to complete Worksheet A?	
	Yes. Go to Worksheet B. Then continue to Step 5	
	No. Enter the amount from line 7 above on line 2 of the Shared Responsibility Payment Worksheet and complete	
	line 3 of that worksheet. Then continue to Step 5.	
Ге	tep 5 National Average Bronze Plan Premium	
	Were you required to complete Worksheet A?	
١.	Yes. Continue to line 2	
	No. Skip question 2; Go to question 3.	
2.	Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility	
	Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet	2
	*\$272 is the 2017 national average premium for a bronze level health plan available through the Marketplace for one individual for one month.	
3.	Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number of	
	people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet.	
	• 1 person - \$3,264	
	• 2 people - \$6,528	
	• 3 people - \$9,792	
	• 4 people - \$13,056	
	• 5 or more people - \$16,320	
Q	hared Responsibility Payment Worksheet	
	this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. If	
	eryone in your tax household had either minimum essential coverage or a coverage exemption for every month during	
	117, stop here. You don't owe a shared responsibility payment.	
	Complete Step 1	
1	. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7)	
	Complete Step 3	
	Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14)	
	. Enter the larger of line 1 or line 2	
	Complete Step 5	
	Enter the National Average Bronze Plan Premium (From Step 5, question 2 or 3) 4	
5	Enter the smaller of line 3 or line 4 here and on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11.	
L	This is your shared responsibility payment5	
-	/2163/ 12-26-1/	

Department of the Treasury

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040 or Form 1041.

► Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Internal Revenue Service (99) Name(s) shown on return

Identifying number

JOSEPH R. BIDEN JR. & JILL T. B	TDEN			
Part I 2017 Passive Activity Loss Caution: Co		3 hefore completing Part I		
-			100000	
Rental Real Estate Activities With Active Participation (For Special Allowance for Rental Real Estate Activities in the in		oation, see		
1a Activities with net income (enter the amount from Worksh column (a))	1	11,319.		
b Activities with net loss (enter the amount from Worksheet column (b))	1,	(12.27	
c Prior years' unallowed losses (enter the amount from Wo	ksheet	(
1, column (c)) d Combine lines 1a, 1b, and 1c			1d	11,319.
Commercial Revitalization Deductions From Rental Real E	state Activities	,		
2a Commercial revitalization deductions from Worksheet 2,	column (a)2a	(4.,	
Prior year unallowed commercial revitalization deductions Worksheet 2, column (b)		()		
c Add lines 2a and 2b			2c	(
All Other Passive Activities				
3a Activities with net income (enter the amount from Worksh	ant O			
column (a))	3a			
b Activities with net loss (enter the amount from Worksheet column (b))		()		
c Prior years' unallowed losses (enter the amount from Wo		()		
d Combine lines 3a, 3b, and 3c		***************************************	3d	
4 Combine lines 1d, 2c, and 3d. If this line is zero or more,	stop here and include this forr	n with your return; all		
losses are allowed, including any prior year unallowed los				
the forms and schedules normally used			4	11,319.
If line 4 is a loss and: • Line 1d is a loss, go to Part II.				
• Line 2c is a loss (and line 1d is	zero or more), skip Part II and	I go to Part III.		
• Line 3d is a loss (and lines 1d			ne 15.	
Caution: If your filing status is married filing separately and y	•••			omplete
Part II or Part III. Instead, go to line 15.	,	,		,
Part II Special Allowance for Rental Real Est	ate Activities With Act	ive Participation		
Note: Enter all numbers in Part II as positive amou		-		
5 Enter the smaller of the loss on line 1d or the loss on line	: 4		5	
6 Enter \$150,000. If married filing separately, see instruction	1	1		
7 Enter modified adjusted gross income, but not less than	**** **********************************			
Note: If line 7 is greater than or equal to line 6, skip lines				
9, enter -0- on line 10. Otherwise, go to line 8.				
8 Subtract line 7 from line 6	l _			
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25		elv. see instructions	9	
10 Enter the smaller of line 5 or line 9			10	
If line 2c is a loss, go to Part III. Otherwise, go to line 15.				
Part III Special Allowance for Commercial Re	vitalization Deduction	s From Rental Real I	Estat	e Activities
Note: Enter all numbers in Part III as positive amo				
11 Enter \$25,000 reduced by the amount, if any, on line 10.	If married filing separately, see	e instructions	11	
12 Enter the loss from line 4	******************	*************************	12	
13 Reduce line 12 by the amount on line 10			13	
14 Enter the smallest of line 2c (treated as a positive amoun			14	
Part IV Total Losses Allowed				
15 Add the income, if any, on lines 1a and 3a and enter the	total		15	
16 Total losses allowed from all passive activities for 201				
to find out how to report the losses on your tax return	*************************		16	
LHA 719761 10-13-17 For Paperwork Reduction Act Notice,				Form 8582 (2017)

Caution: The worksheets rr	ust be filed with your t	ax return. Keep a co	py for you	r records.					
Worksheet 1 - For Fo	rm 8582, Lines 1a	a, 1b, and 1c (Se	ee instru	ıctions.)					
Name of a	-bit/fet/	Curren	nt year		Prior ye	ars	Overall	gain or los	is
Name of a	Cuvity	(a) Net income (line 1a)		t loss 1b)	(c) Unallowed loss (line 1c)		(d) Gain	(e)	Loss
		SEE ATTAC	HED S	TATEM	ENT FO	R WORK	SHEET 1		
Total. Enter on Form 8582	lines 1a,	11,319.							
1b, and 1c Worksheet 2 - For Fo	rm 8582 ince 2:		etructio	ne l	<u></u>	L			
		(a) Current		113.7	(b) Prior y	ear	<u> </u>	***************************************	
Name of a	ctivity	deductions (li		unallo	wed deducti) (c)	Overall lo	ss
							_		
Total. Enter on Form 8582	, lines 2a								
and 2b	>			<u> </u>				14	
Worksheet 3 - For Fo	rm 8382, Lines 3	a, 3b, and 3c (S	ee instri	ictions.)	I				
Name of a	ctivity	Currer	nt year		Prior ye	ars	Overall	gain or lo	5S
	•	(a) Net income (line 3a)		et loss 3b)	(c) Unalid		(d) Gain	(e)	Loss
									·····
				·····					
Total. Enter on Form 8582	, lines 3a,								
3b, and 3c Worksheet 4 - Use ti			L an	Earm 8	582 line 1	0 or 14 /9	laa inatrio	ione l	
WORKSneet 4 - Use ti	ils worksneet it a	1	DWII OII	roini o	Joz, iiie i	00114(3	see instruc	uons.)	
Name of a	ctivity	Form or schedule and line number to be reported on (see instructions)	(a) I	Loss	(b) Ra	tio	(c) Special allowance	col	Subtract umn (c) column (a)
Total	***************************************	<u> </u>	<u> </u>		<u> </u>				***************************************
Worksheet 5 - Alloca	tion of Unallowe			ns.)			T		
Name of a	ctivity	Form or sche and line nur to be reporte (see instruct	mber ed on	(a) l	Loss	(b) F	Ratio	(c) Unalid	wed loss
•			.						
Total		<u> </u>	<u> </u>						
719762 10-13-17	l							rorm	8582 (2017)

FORM 1040	PENSIONS AND ANNUITIE	S .	STATEMENT 2
OFFICE OF PENSION	s		
AMOUNT RECEIVED NONTAXABLE AMOUN CAPITAL GAIN DIS		33,291. 169.	
			33,122.
OFFICE OF PERSONN	EL MANAGEMENT		
AMOUNT RECEIVED NONTAXABLE AMOUN CAPITAL GAIN DIS		21,839. 21,839.	
			0.
OFFICE OF PERSONN	IEL MANAGEMENT		
AMOUNT RECEIVED NONTAXABLE AMOUN CAPITAL GAIN DIS		186,764. 6,691.	
			180,073.
TOTAL INCLUDED	N FORM 1040, LINE 16B	-	213,195.

FORM 1040	0	SOCIAL SECURITY BENEFITS WORKSHEET	STATEMENT	
CHECK ON	LY ONE BO	X:		
		OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)		
		NG JOINTLY		
		NG SEPARATELY AND LIVED WITH YOUR SPOUSE		
D MYBI	ANY TIME	DURING 2017 NG SEPARATELY AND LIVED APART FROM YOUR SPOUSE		
	ALL OF 2			
		AL AMOUNT FROM BOX 5 OF ALL YOUR		
		9 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON	41 0	01
	1040, LT		41,0	от.
1.	r 100 Chr	CKED BOX B: TAXPAYER AMOUNT 32,859. SPOUSE AMOUNT 8,222.		
2. MUIT.T	TPLV LINE	1 BY 50% (0.50)	20,5	41.
		TS ON FORM 1040, LINE 7, 8B, 9A, 10 THRU 14,	•	
15B,	16B, 17	THRU 19, 21 AND SCHEDULE B, LINE 2. DO NOT		
		MOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099	11,002,8	32.
	T .	UNT OF ANY EXCLUSIONS FROM FOREIGN EARNED		
		GN HOUSING, INCOME FROM U.S. POSSESSIONS,		
		M PUERTO RICO BY BONA FIDE RESIDENTS OF HAT YOU CLAIMED		
5. ADD	LINES 2,	3 AND 4	11,023,3	73.
6. ADD	THE AMOUN	TS ON FORM 1040, LINES 23 THROUGH LINE 32,	,,	
AND .	ANY WRITE	-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED		
	NEXT TO		6,4	
		6 FROM LINE 5	11,016,9	31.
8. ENTE		000 IF YOU CHECKED BOX A OR D, OR		
		000 IF YOU CHECKED BOX B, OR IF YOU CHECKED BOX C	32,0	nn.
о те т		ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?	52,0	
		NONE OF YOUR SOCIAL SECURITY BENEFITS ARE		
		ER -0- ON FORM 1040, LINE 20B. IF YOU ARE		
MARR	IED FILIN	G SEPARATELY AND YOU LIVED APART FROM YOUR		
		L OF 2017, BE SURE YOU ENTERED 'D' TO THE		
		WORD "BENEFITS" ON LINE 20A.	10 004 0	21
		RACT LINE 8 FROM LINE 7	10,984,9	3 I •
IU. ENTE.		IF YOU CHECKED BOX A OR D, IF YOU CHECKED BOX B		
	\$-0-	IF YOU CHECKED BOX C	12,0	00.
11. SUBT	•	10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-	10,972,9	
		LLER OF LINE 9 OR LINE 10	12,0	
		F OF LINE 12	6,0	
		LLER OF LINE 2 OR LINE 13	6,0	
		11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-		
	LINES 14		9,332,9 34,9	
T 1 • MODI.	TEDI DINE	1 BY 85% (.85)	34,3	1 7 •
18. TAXA	BLE BENEF	ITS. ENTER THE SMALLER OF LINE 16 OR LINE 17	34,9	19.
		THIS AMOUNT ON FORM 1040, LINE 20B		

JOSEPH R. BIDEN JR. & JILL T. BIDEN

FORM 1040 STATE AND I	LOCAL INCOME TAX	REFUNDS	STATEMENT	4
	2016	2015	2014	
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	VIRGINIA 561.			
NET TAX REFUNDS VIRGINIA	561.			
TOTAL NET TAX REFUNDS	561.			

FOR	M 1040	PERSONAL EXE	MPTION WORKSHE	ET	STATEMENT 5
1.	IS THE AMOUNT	ON FORM 1040, LINE 3	8, MORE THAN T	HE AMOUNT SHO	OWN ON LINE 4
	BELOW FOR YOU	R FILING STATUS?			
		LTIPLY \$4,050 BY THE			CLAIMED
	ON FORM	1040, LINE 6D, AND EN	TER THE RESULT	ON LINE 42.	
	YES. CONTINUE				
2.	MULTIPLY \$4,0	50 BY THE TOTAL NUMBE:	R OF EXEMPTION	S CLAIMED	
	ON FORM 1040,	LINE 6D			8,100.
3.	ENTER THE AMO	UNT FROM FORM 1040, L	INE 38	11,031,309.	
4.	ENTER THE AMO	UNT FOR YOUR FILING S	TATUS	313,800.	
	SINGLE		\$261,500		
	MARRIED FII	ING JOINTLY OR WIDOW(ER) \$313,800		
	MARRIED FII	ING SEPARATELY	\$156,900		
	HEAD OF HOU	JSEHOLD	\$287,650		
5.	SUBTRACT LINE	4 FROM LINE 3. IF TH	E RESULT IS		
	MORE THAN \$12	2,500 (\$61,250 IF MAR	RIED FILING		
		STOP. ENTER -0- ON LI		10,717,509.	
6.		BY \$2,500 (\$1,250 IF			
	FILING SEPARA	TELY). IF THE RESULT	IS NOT A		
		INCREASE IT TO THE N			
		(FOR EXAMPLE, INCREAS	E 0.0004		
	TO 1)				
7.		E 6 BY 2% (.02) AND EN	TER THE RESULT	1	
	AS A DECIMAL				
8.	MULTIPLY LINE	E 2 BY LINE 7			
				<u>-</u>	
9.	SUBTRACT LINE	8 FROM LINE 2. TOTAL	TO FORM 1040,	LINE 42.	

ORM 1040	TAXABLE STATE AND	LOCAL INCOME	TAX REFUNDS	STATEMENT	
		2016	2015	2014	
ET TAX REFUNDS LOCAL INCOME TA		561.			
	BENEFIT DUE TO AMT BENEFIT REDUCTION	561.			
NET REFUNDS	FOR RECALCULATION				
BEFORE PHAS	T SUBJ TO PHASEOUT	58,117.			
MULT LN 5 BY PRIOR YEAR A	LINES 3 AND 4 APPL SEC. 68 PCT GI HASEOUT THRESHOLD	58,117. 46,494. 396,456. 311,300.			
SUBTRACT LIN	E 8 FROM LINE 7 LESS, SKIP LINES	85,156.			
AMOUNT FROM .0 MULT LN 9 BY .1 ALLOWABLE IT (LINE 5 LESS LINE 6 OR L	5, AND ENTER LINE 1 ON LINE 16) APPL SEC. 68 PCT EMIZED DEDUCTIONS THE LESSER OF INE 10) T SUBJ TO PHASEOUT	2,555. 55,562.			
.3B PRIOR YR. ST	TEMIZED DEDUCTIONS D. DED. AVAILABLE LOWABLE ITEM. DED.	55,562. 15,100. 55,562.			
	GREATER OF LINE 13B FROM LINE 14 NDS				
.7 ALLOWABLE PR	INE 15 OR LINE 1) IOR YR. ITEM. DED. TD. DED. AVAILABLE	55,562. 15,100.			
0 LESSER OF LI	E 18 FROM LINE 17 NE 16 OR LINE 19 AXABLE INCOME	40,462. 338,464.			
* IF LINE 21	CLUDE ON FORM 1040, IS -0- OR MORE, USE IS A NEGATIVE AMOUN	AMOUNT FROM			0
STATE AND LO	CAL INCOME TAX REFUN	DS PRIOR TO 2	014		
TOTAL TO FOR	M 1040, LINE 10				0

FORM 1040		IRA	DISTRIBUTI	ons		STATE	MENT	
NAME OF PAYER					ROSS RIBUTION	TAXABLI	E AMOU	JNT
WELLS FARGO CLEARIN	īG				961.		96	51.
TOTAL TO FORM 1040,	LIN	E 15			961.		96	61.
FORM 1040	,	WAGES RECEI	VED AND TAX	ES WITHHE	LD	STATE	MENT	8
T S EMPLOYER'S NAME		AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA I	MEDICA TAX	
S NORTHERN VIRGINIA COMMUNITY OFFICE THE CONTROLLER T TRUSTEES OF THE UNIVERSITY OF	OF	90,132.	14,037.	4,571.		6,189.	·	
PENNSYLVANIA T CELTICCAPRI CORP S GIACOPPA CORP T UNITED STATES SEN	NATE	371,159. 145,833. 100,000. 12,963.	95,923. 31,170. 3,847.	30,067. 8,653. 696.		7,886. 7,886. 6,200. 804.	2,13 1,4	15.
TOTALS	Avit	720,087.	144,977.	43,987.		28,965.		

FORI	M 1040 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET	STATEMENT 9
	OSEPH R. BIDEN JR.	
C	ELTICCAPRI CORP	
1	NONSPECIFIED HEALTH INSURANCE PAYMENTS	6,430.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED	145,833.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9	
4	DIVIDE LINE 2 BY LINE 3	
5	DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX	
6	LINE 4 TIMES LINE 5	
7	LINE 2 MINUS LINE 6	
8	SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE	
9	LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED	145,833.
10	FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE	
11	LINE 9 MINUS LINE 10	145,833.
12	SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11	6,430.

FORM 1040	EXCESS SOCIAL SECURITY TAX WORKSHEE	T STA	PEMENT	10
		TAXPAYER	SPOUS	E
THAN \$7,886.40 BE SHOWN IN BOY TOTAL HERE	SECURITY TAX WITHHELD BUT NOT MORE FOR EACH EMPLOYER (THIS TAX SHOULD 4 OF YOUR W-2 FORMS). ENTER THE	16,576.	12,3	89.
	LLECTED SOCIAL SECURITY TAX ON TIPS OR INSURANCE INCLUDED IN THE TOTAL ON 62			
3. ADD LINES 1 AND	2	16,576.	12,3	89.
4. SOCIAL SECURITY	Y TAX LIMIT	7,886.	7,8	86.
	4 FROM LINE 3. EXCESS SOCIAL SECURITY N FORM 1040, LINE 71.	8,690.	4,5	03.
FORM 1040	FEDERAL INCOME TAX WITHHELD	STA	TEMENT	11
T TRUSTEES OF THE T T CELTICCAPRI CORP	A COMMUNITY OFFICE OF THE CONTROLLER UNIVERSITY OF PENNSYLVANIA		AMOUNT 14,0 95,9 31,1	23. 70.
T UNITED STATES SEIS PNCBANK, NATIONALS OFFICE OF PENSION TOFFICE OF PERSON TWITHHOLDING FROM FORM 8959, LINE	L ASSOCIATION NS NEL MANAGEMENT FORM 1099-SSA		2,7 21,5 7,3	347. 60. 738. 539. 544.
TOTAL TO FORM 1040	, LINE 64		178,1	.98
FORM 1040	OTHER TAXES	STA	TEMENT	12
DESCRIPTION			AMOUNT	
FROM FORM 8959 FROM FORM 8960				325 d 563 d
TOTAL TO FORM 1040			4 0	888

SCHEDULE A	ርጣአጥፑ እ	ND LOCAL INCOME T	TAYEC	STATEMENT	13
SCHEDULE A		ND HOCKII INCOME	IAXED	DIAIBEBRI	
DESCRIPTION				AMOUNT	
OFFICE OF PENSIO	1S				15.
FROM K-1 - CELTIC				3,2	
NORTHERN VIRGINI			LLER	4,5	
TRUSTEES OF THE	JNIVERSITY OF PE	NNSYLVANIA		30,0	
CELTICCAPRI CORP				8,6	
UNITED STATES SEIDELAWARE PRIOR Y		א אדר		0	96.
EXTENSION PAYME		AND		2	90.
DELAWARE 4TH QTR		TS - TAXPAYER		315,0	
CALIFORNIA FORM				43,7	
DELAWARE PRIOR Y				·	
EXTENSION PAYME					58.
DELAWARE 4TH QTR	ESTIMATE PAYMEN	TS - SPOUSE		315,0	00.
TOTAL TO SCHEDUL	3 A, LINE 5			722,8	98.
SCHEDULE A	CA	SH CONTRIBUTIONS	*·-	STATEMENT	14
DESCRIPTION		AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	
CATHOLIC DIOCESE	OF WILMINGTON		25,000.		
NORTHERN VIRGINIA					
COLLEGE EDUCATION	N FOUNDATION,		11 000		
INC.			11,200. 25,000.		
ST. JOSEPH ON THE UNITED SERVICE OF			25,000.		
INC.	AGANIZATIONS,		862.		
WESTMINSTER PRES	BYTERIAN CHURCH		1,600.		
WEST END NEIGHBO			•		
INC.			50,000.		
MOTORCYCLE RELIE			2,000.		
UNITED JEWISH FE	DERATION OF		100 000		
CHICAGO	T WITE COOTED		180,000.		
DELAWARE BOOTS OF			10,000.		
DUAG YND GIDIG G	לווספ אס חשם				
BOYS AND GIRLS C	LUBS OF THE		5 000.		
VIRGIN ISLANDS			5,000.		
			5,000. 5,000.		
VIRGIN ISLANDS SANDY HOOK PROMIS	SE FOUNDATION,		·		
VIRGIN ISLANDS SANDY HOOK PROMI	SE FOUNDATION, TION OF POLICE		5,000.		
VIRGIN ISLANDS SANDY HOOK PROMIS INC. DELAWARE ASSOCIA	SE FOUNDATION, FION OF POLICE TY CENTER, INC.		5,000. 100.		

JOSEPH R. BIDEN JR. & JILL T. BIDEN

DELAWARE DIVISION OF PARKS AND		
RECREATION	2,000.	
THE JOSEPH BIDEN FOUNDATION	100,000.	
COMMUNITY LEGAL AID SOCIETY,	·	
INC.	50,000.	
HUMAN RIGHTS CAMPAIGN FOUNDATION	25,000.	
MISSION K9 RESCUE	3,000.	
SAVE THE CHILDREN FOUNDATION,	,	
INC.	15,000.	
CRANSTON HEIGHTS FIRE COMPANY	•	
NO. 1	15,000.	
DELAWARE TECHNICAL COMMUNITY	·	
COLLEGE EDUCATIONAL FOUNDATION	50,000.	
NANTUCKET DREAMLAND FOUNDATION	5,000.	
BEAU BIDEN FOUNDATION FOR THE	·	
PROTECTION OF CHILDREN	150,000.	
TRAGEDY ASSISTANCE PROGRAM FOR	·	
SURVIVORS	3,000.	
SUBTOTALS	1,013,762.	
TOTAL TO SCHEDULE A, LINE 16		1,013,762.

SCHEDULE A ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 15
1. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4,	
9, 15, 19, 20, 27, AND 28.	1,774,195.
2. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT	1,774,193.
LOSSES INCLUDED ON LINE 28 AND ANY QUALIFIED CONTRIBUTIONS	3
INCLUDED ON LINE 16.	0.
3. IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29.	
IF YES, SUBTRACT LINE 2 FROM LINE 1.	1,774,195.
4. MULTIPLY LINE 3 BY 80% (.80). 1,419,356	
5. ENTER THE AMOUNT FROM FORM 1040, LINE 38. 11,031,309).
6. ENTER \$313,800 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$287,650 IF HEAD OF HOUSEHOLD; \$261,500 IF SINGLE; OR \$156,900	
IF MARRIED FILING SEPARATELY. 313,800) .
7. IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5?	•
IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29.	
IF YES, SUBTRACT LINE 6 FROM LINE 5. 10,717,509	3
8. MULTIPLY LINE 7 BY 3% (.03). 10,717,505	
9. ENTER THE SMALLER OF LINE 4 OR LINE 8.	321,525.
10. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29.	1,452,670.
SCHEDULE C-EZ GROSS RECEIPTS	STATEMENT 16
DESCRIPTION	AMOUNT
GROSS RECEIPTS	862.
TOTAL TO SCHEDULE C-EZ, LINE 1	862.

SCHEDULE SE	NON	-FARM INCOME		STATEMENT	17
DESCRIPTION				AMOUNT	
AUTHOR				8	62.
TOTAL TO SCHEDULE	SE, LINE 2			8	62.
FORM 6251	PASS	IVE ACTIVITIES		STATEMENT	18
		NET INCOM	E (LOSS)		
NAME OF ACTIVITY	FORM	АМТ	REGULAR	ADJUSTMEN	T
COTTAGE - WILMING DE TOTAL TO FORM 625		11,319.	11,319.		
FORM 8960	TRADE O	R BUSINESS INCO	ME	STATEMENT	19
CELTICCAPRI, CORP GIACOPPA CORP				-9, 4 90,8 -557,8	
AMOUNT TO FORM 89	50, LINE 4B			-10,048,7	39.
FORM 8960	STATE IN	COME TAX PAYMEN	TS	STATEMENT	20
DELAWARE					
DESCRIPTION				AMOUNT	
CELTICCAPRI CORP UNITED STATES SEN 4TH QUARTER ESTIM					53. 96.
TOTAL TO STATE FO	RM 8960, LINE 10			324,3	49.

JOSEPH R. BIDEN JR. & JILL T. BIDEN

FORM 8960	STATE I	NCOME TAX	PAYMENTS	STATEMENT 21
DELAWARE	- 1.1.			
DESCRIPTION				AMOUNT
OFFICE OF PENSIONS 4TH QUARTER ESTIMATED PA	YMENT			615. 315,000.
TOTAL TO STATE FORM 8960	, LINE 10			315,615.

FORM 8582	ACTIVE R	ENTAL OF R	EAL ESTA	ATE - WORKSHE	ET 1 STAT	TEMENT 22
		CURRENT YE.	AR	PRIOR YEAR	OVERALL GA	IN OR LOSS
NAME OF ACTIVITY	NET I	NCOME NE	T LOSS	UNALLOWED LOSS	GAIN	LOSS
COTTAGE -						
WILMINGTON, DE	11	,319.	0.		11,319.	
TOTALS	11	,319.	0.		11,319.	
						
FORM 8582	SUI	MMARY OF P.	ASSIVE A	ACTIVITIES	STAT	TEMENT 23
R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C	NET /O GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X COTTAGE -	SCH E					
WILMINGTON, DE		11,319.		11,319	•	
TOTALS		11,319.		11,319	•	
PRIOR YEAR CARRYOV	ERS ALLOW	ED DUE TO	CURRENT	YEAR NET ACT	VITY INCOME	E
TOTAL						

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year X 2017 2016	20)15	201	4			
Other year. Enter one: calendar year or fiscal year (month a	and ye	ar ended):				
	st narr	JR.				Yours	ocial security number
	st nam					Spouse	's social security number
Current home address (number and street). If you have a P.O. box, see	instruc	tions.			Apt. no.	Your D	hone number
City, town or post office, state, and ZIP code. If you have a foreign addr WILMINGTON, DE	ess, al	so comp	lete space	es bel	ow (see instructi	ons).	
Foreign country name	Foreigr	n provinc	e/state/co	ounty		Foreign	postal code
Amended return filling status. You must check one box even if you are	not cl	hanging y	your filing	F	uil-year coverag	ie.	
status. Caution: In general, you can't change your filing status from a joint returns after the due date.	int retu	um to se	parate	- 1	all members of	•	ehold have full-
Single Head of household (If the qualifying					•		th care coverage,
X Married filing jointly your dependent, see instructions.)	•			1 1			neck "No." See instr.
Married filing separately Qualifying widow(er)					X Ye		□ No
individual many ocparately and additional states of the st		A Ori	ginal amo	ount	B. Net char		C. Correct
Use Part III on page 2 to explain any changes		ora	s previous	sly	amount of inc	rease	amount
Income and Deductions	T		adjusted instructio	ne)	or (decreas explain in Pa		
		1900	II ISU UCUO	110)	explaining	211 111	
1 Adjusted gross income. If a net operating loss (NOL) carryback			11,018	346	12	963.	11 031 309
is included, check here	1	1	$\frac{11,010}{455,3}$	63	-2	693.	11,031,309. 1,452,670.
2 Itemized deductions or standard deduction	3		562,9			656.	9,578,639.
3 Subtract line 2 from line 1	3	,	304,3	03.	15,	030.	3,310,033.
4 Exemptions. If changing, complete Part I on page 2 and enter	١.						
the amount from line 29	4	-	562,9	02	1	656.	9,578,639.
5 Taxable income. Subtract line 4 from line 3	5	,	304,3	03.	15,	030.	9,310,033.
Tax Liability							
8 Tax. Enter method(s) used to figure tax:		١ ,	720 1	70			2 520 250
TCW	6	3,	<u>732,1</u>	72.	6,	200.	3,738,372.
7 Credits. If a general business credit carryback is included,							
check here	7						
8 Subtract line 7 from line 6. If the result is zero or less, enter -0	8	3,	732,1	<u>.72.</u>	6,	200.	3,738,372.
9 Health care: individual responsibility (see instructions)	8						
10 Other taxes	10			51.	<u></u>	117.	6,268.
11 Total tax. Add lines 8, 9, and 10	11	3,	738,3	23.	6,	317.	3,744,640.
Payments		1					
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12		186,7	40.	4,	651.	191,391.
13 Estimated tax payments, including amount applied from prior							
year's return	13						
14 Earned income credit (EIC)	14						
15 Refundable credits from: Schedule 8812 Form(s) 2439							
4136 8863 8885 8962 or							
other (specify):	15						
16 Total amount paid with request for extension of time to file, tax paid	with c	riginal re	tum, and				
additional tax paid after return was filed		_				16	3,551,583.
17 Total payments. Add lines 12 through 15, column C, and line 16						. 17	3,742,974.
Refund or Amount You Owe							······································
18 Overpayment, if any, as shown on original return or as previously ac	djusted	by the II	RS			18	
19 Subtract line 18 from line 17 (If less than zero, see instructions.)							3,742,974.
20 Amount you owe. If line 11, column C, is more than line 19, enter the							1,666.
21 If line 11, column C, is less than line 19, enter the difference. This is							
22 Amount of line 21 you want refunded to you							
23 Amount of line 21 you want applied to your (enter year):		nated ta			******************		
					Complet	e and sig	In this form on Page 2.

Form 1040X (Rev. 1-2018)

710702 p1-23-18 For forms and publications, visit IRS.gov. FORM 1040X STATEMENT 1

A \$3,000 CHARITABLE CONTRIBUTION TO THE TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS WAS ACCIDENTALLY DEDUCTED TWICE ON THE ORIGINAL RETURN. THE EXTRA \$3,000 HAS BEEN REMOVED FROM SCHEDULE A.

THE TAXPAYER WAS AN EMPLOYEE OF THE U.S. GOVERNMENT DURING THE FIRST THREE WEEKS OF 2017, AFTER WHICH TIME HE LEFT OFFICE AND CHANGED RESIDENCE. IT DOES NOT APPEAR THAT THE TAXPAYER RECEIVED A W-2 REFLECTING THE INCOME RECEIVED DURING THOSE THREE WEEKS AND THE ASSOCIATED FEDERAL AND STATE TAX WITHHOLDINGS.

ACCORDINGLY, THE RETURN HAS BEEN AMENDED TO REPORT ADDITIONAL SALARY OF \$12,963, ADDITIONAL FEDERAL WITHHOLDING OF \$3,847 AND ADDITIONAL SOCIAL SECURITY TAXES OF \$804. ALSO, AN ADDITIONAL \$696 OF STATE INCOME TAXES, REFLECTING THE STATE TAX WITHHELD, HAVE BEEN DEDUCTED ON SCHEDULE A.

BECAUSE OF THE INCREASE IN ADJUSTED GROSS INCOME, THE SCHEDULE A LIMITATION ON DEDUCTIONS HAS INCREASED BY \$389.

THE INCREASE IN MEDICARE WAGES HAS INCREASED THE ADDITIONAL MEDICARE TAX, AS SHOWN ON FORM 8959, BY \$117.

Form,	1040	U	.S. In	dividual Incom	ie Tax Retu	(99) (99)	2017	OMP	o, 1545-0074	IRS Use C	niy - Do m	ot write	or sta	ple in this s	pace.	
	e year Jan. 1-Dec			ther tax year beginning				, 2017, en		1	,20			e separate		ictions.
	first name and				Last name						,			social secu		
JOS	SEPH R.				BIDEN J	R.										
If a jo	int return, spo	use's	first na	ne and initial	Last name								Spou	se's social	security	number
	LL T.				BIDEN											
Home	e address (num	iber a	ınd stre	et). If you have a P.O.	box, see instruc	tions.					Apt. r	10.		vlake sure t and on line (
City, to	own or post office	, state	, and ZIP	code. If you have a forei	gn address, also co	mplete s	paces below.							idential Elec		
-	LMINGTO				<u>.</u>								Chec If filir	k here if yo ng jointly, w	u, or yo ant \$3 t	ur spouse to go to
	gn country nan				Forei	an provi	ince/state/county	,		Foreig	ın postal	code	will r	hind. Check not change	our tax	ox below or refund.
	• ,					•	•	•					X	You	X s	Spouse
	03-4	1		ingle				4	Head	of househo	old (with o	qualify	ing p			
riiii	ng Status	2	X N	Aarried filing jointly (e	ven if only one h	nad inco	me)		perso	n is a child	but not y	our de	epend	lent, enter	this cl	hild's
Checi	k only	3		Aarried filing separate	ly. Enter spouse	's SSN a	above		name	here. 🕨						
one b			а	nd full name here. 🕨	<u> </u>			5	Qualit	lying widov	v(er) (see	instru	ction			
Fxe	emptions			ourself. If someone	-]	Boxes ch on 6a and		2
	pt.oo	b	LX S	pouse								(4)√ a	<u></u> J	No. of ch on 6c wh		
		C	Depen				(2) Dependent's so security number			Dependent's ationship to		under a under a ualifying tax cri	caeu ge 17 for chil		rith you	
			(1) First	name	Last name					you		lax cri	edit	did not you due t or separa	o divorc	un ce
						_				·····				(see instr		
	re than four ndents, see													Depende	nts on 6	ic
instru	uctions and k	٦ .												not enter		*
CHECK	Killere 📂 🗀	d	Total	number of exemption	o oloimad			L						Add num on lines above		2
-		7		s, salaries, tips, etc. /							MT 8	7		7:	20.	087.
Inc	ome	8a		ble interest. Attach So								88				669.
		b		exempt interest. Do n				1	8b				+			
	ch Form(s) here. Also	9a		ary dividends. Attach								9:				
	h Forms	b					·····	1	9b							
	G and	10	Taxat	ole refunds, credits, o	r offsets of state	and loc	al income taxes	នា	rmr 4	STM	т 6	10)			0.
)-R if tax withheld.	11		ny received								1	ı			
*****		12	Busin	ess income or (loss).	. Attach Schedul	e C or C	-EZ				<u></u>		2		1	862.
If you	ı did not	13		al gain or (loss). Attac								13	3			
	W-2,	14	Other	gains or (losses). At	ach Form 4797					• • • • • • • • • • • • • • • • • • • •		14				^ C 4
see ir	nstructions.	15a		istributions		<u> </u>	- 44 - 00		Taxable am							961.
		16a		ons and annuities		<u></u>	241,89		Taxable am							<u> 195.</u>
		17		I real estate, royalties										10,00	00,	<u> </u>
		18		income or (loss). Att			***************************************							······		
		19	Unerr	ployment compensa I security benefits	uon		/1 ng	1 1 6	Taxable arr		,	19	-		3.4	919.
		20a 21		income. List type an		<u> </u>	41,00.	<u></u> 1 "	I axable an	iouiit		20		•	5 = ,	
		22		ine the amounts in the		nn for lir	nee 7 through 21	This is v	our total is	ncome		2		11,0	37.	751.
		23	***************************************		·····	***************************************			23			-			- , ,	
Adi	usted	24	Certair	itor expenses n business expenses of in s. Attach Form 2108 or 2	eservists, performin 106-EZ	ig artists,	and fee-basis gove	rnment	24			1				
Gro		25		n savings account de				_	25			1				
Inco	ome	26		ng expenses. Attach f				Г	26							
		27	Dedu	ctible part of self-emp					27		12	•				
		28	Self-e	mployed SEP, SIMPI	E, and qualified	plans			28							
		29		mployed health insul					29	6	,430	•				
		30	Penal	ty on early withdrawa	ıl of savings				30			_				
		31a		ny paid b Recipier					31a							
		32		eduction					32			_				
		33		ent loan interest dedu	*******				33			_				
		34		n and fees. Attach Fo					34			-				
		35 36		estic production activ					35			٠,			6	442.
71000	01 02-22-18	37		ines 23 through 35 act line 36 from line 3								3		11,0		
1 :000	, , UK-KK- 10	ui	Jupu	arrhine on Home ille	LE THIS IS YOU!	raingre	a Ainee uneanig						'	, .	,	~~~ ·

Form 1040 (2017	<u> </u>	OSRPH R. BIDEN JR. & JILL T. BIDEN		Page 2
Tax and Credits	38	Amount from line 37 (adjusted gross income) Check \[\begin{align*} align	38	11,031,309.
Standard Deduction for -		if: X Spouse was born before January 2, 1953, Blind. Schecked > 39a 2	: '	•
check any box on line 39a or 39b 91 who can	ـــــــــــــــــــــــــــــــــــــ	If your spouse itemizes on a separate return or you were a dual-status allen, check here 39b		1 450 670
39b Of who can	41	tionards appropriate (from 1945) or your springers appropriate the first time (in 1945)	40	1,452,670. 9,578,639.
be claimed as a dependent, see instructions.	42	Subtract line 40 from line 38 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	41	9,378,639. 0.
	43	Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	48	9,578,639.
1	44	Tax Check if any from: a Form(s) 8814 b Form 4972 c	44	3,738,372.
	45	Alte mative minimum tax, Attach Form 6251	45	3,730,3720
All others: Single or	48	Excess advance premium tax credit repayment. Attach Form 8982	48	
Married filing separately,	47	Add lines 44, 45, and 46	47	3,738,372.
\$6,350	48	Foreign tax credit. Attach Form 1116 if required 48		
Married filing Jointly or	48	Credit for child and dependent care expenses. Attach Form 2441 48	1	
Custifying widow(es),	50	Education credits from Form 8863, line 19 50 50		
\$12,700	51	Retirement savings contributions credit. Attach Form 8880		
Head of household,	52	Child tax credit. Attach Schedule 8812, if required		
\$9,350	53	Residential energy credits, Attach Form 5695		
	54	Other credits from Form: a 3800 b 8801 c 54	L	
	55	Add lines 48 through 54. These are your total credits	55	
	<u>56</u>	Subtract line 65 from line 47. If line 55 is more than line 47, enter -0-	56	3,738,372.
O45	57	Self-employment tax. Attach Schedule SE	57	23.
Other Taxes	58	on reported social security and inequals box from Form: a L1 4137 D L1 4918	58	
IOVOS	59	Additional tax on IPAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	OUE h	Household amployment taxes from Schedule H	60a	1,357.
•	61	First-lime homebuyer credit repayment. Attach Form 5405 if required Health care: Individual responsibility (see instructions) Full-year coverage	80b	
	62	Taxes from: a X Form 8959 b X Form 8960 c Inst; enter code(s)	81	4 COG
	63		62 68	4,888. 3,744,640.
Payments		Federal income tax withheld from Forms W-2 and 1098 84 178, 198.	- 00	3,744,040.
		2017 estimated tax payments and amount applied from 2016 return 65		
If you have a	- 66a	Earned Income credit (EIC)	. [
qualitying child, attach		Nontaxable combat pay election 686		
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 87	. •	
	88	American opportunity credit from Form 8863, line 8		
	88	Net premium tax credit. Attach Form 8962		
	70	Amount paid with request for extension to file 70	1	
	71	Excess social security and tier 1 RRTA tax withheld 71 13, 193.	:	•
	72	Credit for federal tax on fuels. Attach Form 4136		
•	73	Credits from Form: a 2439 b Reserved 8885 d 73	1	
		Add lines 64, 65, 66a, and 87 through 73. These are your total payments	74	191,391.
Refund		If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
Direct deposit?	78 a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	
See Instructions.		Do Type: ☐ Checkley ☐ Serings ➤ d Account	' 1	
Amount		Amount of line 75 you want applied to your 2018 estimated tax		
You Owe		Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	3,553,249.
Third Part		Estimated tax penalty (see instructions) 79 79 79 79 79 79 79 79 79 79 79 79 79		
Designee	Ûes	WANTER H DEYHLE. CPA Month	Pansonal	L No
Sign	Ų	nder passiles of gittery. Licelagithal I have exceeded this return and accompanying schedules and cistements, and to the best of my knowledge and boilet, they are bug. Funder that it all passes of schools is provided degree the travery. Declaration of province between the based on all information of which passes to	COTTECT, AS	
Here Joint return?	. 4	Date . Your occupation	Dayt	no phone number
San Instructions.) -	VICE PRESIDENT		•
Keep a copy for your	7	pouself digniture. If a joint fourm, if his must skyn. Date Spouse's accupation		FIS sort you an Identity
and your		MI !- MEL !!!! TEACHER		tion PiN,
records.				
records.	Print		# PTI	М
Paid .	0	self-employed	t PTI	N
Paid Preparer	C WAI	TER H DEYHLE, CPA NUME WILL 7/1/19 soll-employed	d em	N
Paid .	C WAI	self-employed	PTI	N

•

. .

SCHEDULE A (Form 1040)

Itemized Deductions ► Go to www.irs.gov/ScheduleA for instructions and the latest information. Attach to Form 1040.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on Form 1040

Caution: If you are claiming a net qualified disaster loss on Form 4684 see the instructions for line 28

Attachment Sequence No. 07 Your social security number

JOSEPH R	. 1	BIDEN JR. & JILL T. BIDEN			
Medical		Caution: Do not include expenses reimbursed or paid by others.			
and	1	Medical and dental expenses (see instructions)	1		
Dental	2				
Expenses			1 1		
-	3	Multiply line 2 by 7.5% (0.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			0.
Taxes You	5	State and local (check only one box):			
Paid		a X Income taxes, or SEE STATEMENT 13	5	722,898	•
		b General sales taxes			
	6	Real estate taxes (see instructions)	6	13,715	•
	7	Personal property taxes	7		
	8	Other taxes. List type and amount			
			8		
	9	Add lines 5 through 8			736,613.
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	23,820	•
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name,			
		identifying no., and address			
Note:			11		
Your mortgage interest	12	Points not reported to you on Form 1098. See instructions for special rules	12		
deduction may	13	Mortgage insurance premiums (see instructions)			
be limited (see instructions).	14	Investment interest. Attach Form 4952 if required. See instructions	14		
	15	Add Ines 10 through 14			23,820.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	L,013,762	
Charity	17	Other than by cash or check. If any gift of \$250 or more, see instructions.			STMT 14
If you made a gift and got a		You must attach Form 8283 if over \$500			
benefit for it,	18	Carrypver from prior year			- 010 750
see instructions.	. 19	Add lines 16 through 18			1,013,762.
Casualty and Theft Losses	20	Casuality or theft loss(es) other than net qualified disaster losses. Attach Form 4684	and		
		enter the amount from line 18 of that form. See instructions		<u></u> [2	20
Job Expenses and Certain	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions.	2,27		
Miscellaneous		Addacti Form 2 106 of 2 106-EZ ii required. See instructions.			
Deductions			21		
	22	Toy opposition food	22		-
	23	Tax preparation fees Other expenses - investment, safe deposit box, etc. List type and amount ▶			
	20	Office dapenses - investment, sale deposit box, etc. List type and amount			
			23		
	24	Add lines 21 through 23	24		
	25	Enter amount from Form 1040, line 38 25	Ħ		
	26	Multiply line 25 by 2% (0.02)	26		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	Ammunic		27
Other	28	Other - from list in instructions. List type and amount			88 88
Miscellaneous		, — — — — — — — — — — — — — — — — — — —			034 103
Deductions				2	28
	29	ls Form 1040, line 38, over \$156,900?	_		
		No. Your deduction is not limited. Add the amounts in the far right column)		
Total		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	S	MT 15 2	$\frac{1,452,670.}{}$
Itemized		Yes. Your deduction may be limited. See the Itemized Deductions			
Deductions		Worksheet in the instructions to figure the amount to enter.	J		
	30	If you elect to itemize deductions even though they are less than your standard dec	luctio	n,	
		check here		> 🔲	
LHA 719501 02-2	22-18	For Paperwork Reduction Act Notice, see the Instructions for Form 1040.		Schedul	e A (Form 1040) 2017

SCHEDULE B (Form 1040A or 1040)

Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Sequence No. 08 ► Go to www.irs.gov/ScheduleB for instructions and the latest information. Marmele) chown on return JOSEPH R. BIDEN JR. & JILL T. BIDEN Amount Part I 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that Interest buyer's social security number and address 23. MASSACHUSETTS MUTUAL LIFE INSURANCE CO 13. MASSACHUSETTS MUTUAL LIFE INSURANCE CO 37. MASSACHUSETTS MUTUAL LIFE INSURANCE CO 218. PNCBANK, NATIONAL ASSOCIATION 15. UNITED STATES SENATE FEDERAL CREDIT UNION MANUFACTURERS AND TRADERS TRUST ASSOCIATION 6.945. 4. NEW CASTLE COUNTY SCHOOL EMPLOYEES FROM K-1 - CELTICCAPRI CORP 414. Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that 7,669. 2 2 Add the amounts on line 1 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 7,669. Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a 4 Note: If line 4 is over \$1,500, you must complete Part III. **Amount** Part II 5 List name of payer **Ordinary Dividends** 5 Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dívidends shown on that form. Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign Yes No account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. **Foreign** 7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such X **Accounts** as a bank account, securities account, or brokerage account) located in a foreign country? See instructions and If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), **Trusts** to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located 8 During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

If "Yes," you may have to file Form 3520. See instructions

Schedule B (Form 1040A or 1040) 2017

727501 10-25-17

X

Interest and Dividend Summary

Povor	1	Interest on U.S.	Tax-Exempt	Private Activity	Original Issue	FEIN/SSN: Ordinary	Qualified	Capital Gain	Federal Income	State Tax	Foreign
Payer	Interest	Savings Bonds	Interest	Interest	Discount (OID)	Dividends	Dividends	Distributions	Tax Withheld	Withheld	Tax Paid
MASSACHUSETTS MUTUAL LIFE											
INSURANCE CO	23.										
MASSACHUSETTS MUTUAL LIFE											
INSURANCE CO	13.										
MASSACHUSETTS MUTUAL LIFE											
INSURANCE CO	37.										
PNCBANK, NATIONAL ASSOCIATION	218.								60.		
UNITED STATES SENATE FEDERAL											
CREDIT UNION	15.										
MANUFACTURERS AND TRADERS											
TRUST ASSOCIATION	6,945.										
NEW CASTLE COUNTY SCHOOL											
EMPLOYEES	4.										
FROM K-1 - CELTICCAPRI CORP	414.										
,											
TOTALS	7,669.								60.		***************************************

SCHEDULE C-EZ (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Net Profit From Business

(Sole Proprietorship)

➤ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.

Attach to Form 1040, 1040NR, or 1041. ➤ See instructions.

2017

Social security number (SSN) Name of proprietor JILL T. BIDEN Part I **General Information** Had no employees during the year. Had business expenses of \$5,000 or less, Use the cash method of accounting, Do not deduct expenses for business use You May Use of your home, Schedule C-EZ Did not have an inventory at any time during Instead of the year. Do not have prior year unallowed passive Schedule C activity losses from this business, and And You: Did not have a net loss from your business. Only If You: Are not required to file Form 4562. Had only one business as either a sole Depreciation and Amortization, for this proprietor, qualified joint venture, or business. See the instructions for Schedule statutory employee, C, line 13, to find out if you must file. Principal business or profession, including product or service B Enter business code (see inst) **▶** 711510 **AUTHOR** D Enter your EIN (see inst) Business name. If no separate business name, leave blank. JILL BIDEN Business address (including suite or room no.). Address not required if same as on page 1 of your tax return. City, town or post office, state, and ZIP code WILMINGTON, DE Did you make any payments in 2017 that would require you to file Form(s) 1099? (see the Instructions for Schedule C) X No Yes No If "Yes," did you or will you file required Forms 1099? Part II Figure Your Net Profit Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that 862. form was checked, see Statutory employees in the instructions for Schedule C, line 1, and check her STMT 16 2 0. Total expenses (see instructions). If more than \$5,000, you must use Schedule G Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13, and Schedule SE, line 2. (Statutory employees do not report this 862. amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3 Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2. When did you place your vehicle in service for business purposes? (month, day, year) / / . Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for: **b** Commuting **c** Other Business Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? 7 8a Do you have evidence to support your deduction? _____Yes [If "Yes," is the evidence written? For Paperwork Reduction Act Notice, see the separate instructions for Schedule C (Form 1040). Schedule C-EZ (Form 1040) 2017

719191 10-25-17

Business Name:

JILL E	STDRN				
	1	Description	Tax Year 2016	Tax Year 2017	Increase (Decrease)
INCOME	}				
	INCOME		1,362.	862.	-500.
NET	PROFIT OR	(LOSS)	1,362.	862.	-500.
710638 04-01					<u> </u>

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service (95

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040NR, or Form 1041.

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074
2017

Name(s) shown on return

Your social security number

JOS.	RPH R. RTDE	EN JR. & JILL T. BIDEN						
Pai		oss From Rental Real Estate and Roy	alties	Note: If you are in the	e business of	renting per	sonal proper	ty, use
		C-EZ (see instructions). If you are an individual, rep						
A D		nents in 2017 that would require you to file Form(s)						No
] Yes	□ No
		ich property (street, city, state, ZIP code)						
A	,	WILMINGTON, DE						
В								
С								
1b	Type of Property	2 For each rental real estate property listed				Fair Renta	Personal	QJV
- 1	(from list below)	above, report the number of fair rental and personal use days. Check the QJV box				Days	Use Days	<u></u>
A	1	only if you meet the requirements to file as			Α	365		Щ
В		a qualified joint venture. See instructions.			В			Щ
С					C			oxdot
Тур	e of Property:							
1 Si	ngle Family Residence	3 Vacation/Short-Term Rental 5 Land		7 Self-Rental				
2 M	ulti-Family Residence	4 Commercial 6 Royaltie	s	8 Other (describe)				
Inco	ome:	Properties:		Α	В		C	
3	Rents received		3	19,800.				
4	Royalties received .		4					
Exp	enses:							
5	Advertising		5					
6	Auto and travel (see i	nstructions)	6					
7	Cleaning and mainter	ance	7					
8	Commissions		8					
9	_	***************************************	9					
10	Legal and other profe	ssional fees	10					
11	Management fees		11					
12	Mortgage interest pai	d to banks, etc. (see instructions)	12	5,382.				
13	Other interest		13					
14	Repairs	•••••••••••••••••••••••••••••••••••••••	14					
15	Supplies	•	15					
16	Taxes		16	3,099.				
17			17					
18	Depreciation expense	or depletion	18					
19	Other (list)		19	2 4 2 4				
20		lnes 5 through 19	20	8,481.				
21		line 3 (rents) and/or 4 (royalties). If result is a		11 212				
		s to find out if you must file Form 6198	21	11,319.				
22		l estate loss after limitation, if any, on				1		
	Form 8582 (see instr		22 [<u> </u>	(~~ })
23a		I			19,	800.		
b		, , , , , , , , , , , , , , , , , , , ,	·······	23b		300		
C		• • • • • • • • • • • • • • • • • • • •		23c	5,	382.		
d			********	<u>23d</u>		401		
е		eported on line 20 for all properties		23e	δ,	481.	11 -	210
24	•	amounts shown on line 21. Do not include any los				24	11,3) T A .
25		losses from line 21 and rental real estate losses from)
26		ate and royalty income or (loss). Combine lines 24				·		
		ge 2 do not apply to you, also enter this amount on	rorm 1	U4U, IINE 17, OF FORM	IU4UNH, IINE		11,3	21 Q
		e this amount in the total on line 41 on page 2		<u> </u>	************	26		
LHA	For Paperwork Rec	duction Act Notice, see the separate instructions	3.		8	cnedule E	(Form 1040	ກ 2017

721491 10-20-17

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below

11 Total income or (loss). combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18

41 10, 060, 058.

42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions).

43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules

43

Schedule E (Form 1040) 2017

721501 10-20-17

2017 Income from Passthroughs

CELTICCAPRI CORP

I.D. NUMBER:

TYPE: S CORPORATION

ACTIVITY INFORMATION:

CELTICCAPRI, CORP

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)

9,490,857.

TOTAL NONPASSIVE INCOME (LOSS)

9,490,857.

OTHER K-1 INFORMATION:

INTEREST INCOME

OTHER ITEMIZED DEDUCTIONS

INVESTMENT INCOME

NONDEDUCTIBLE EXPENSES

SE EARNINGS

414.

3,298.

414. 11,809.

145,833.

2017 Income from Passthroughs

GIACOPPA CORP

I.D. NUMBER:

TYPE: S CORPORATION

ACTIVITY INFORMATION:

GIACOPPA CORP

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)

557,882.

TOTAL NONPASSIVE INCOME (LOSS)

557,882.

2017 Income from Passthroughs

SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS

OTHER K-1 INFORMATION:

INTEREST INCOME	414.
OTHER ITEMIZED DEDUCTIONS	3,298.
NONDEDUCTIBLE EXPENSES	11,809.
SE EARNINGS	145,833.

INVESTMENT INTEREST EXPENSE:

INVESTMENT I	NCOME	414.
--------------	-------	------

Property Name: COTTAGE -WILMINGTON, DE Tax Year Tax Year Increase Description 2016 2017 (Decrease) INCOME RENTS RECEIVED 26,400. 19,800. -6,600. EXPENSES 674. 4,708. 5,382. MORTGAGE INTEREST 3,099. TAXES 2,959. 140. 7,667. 8,481. 814. SUBTOTAL -7,414. 18,733. 11,319. INCOME OR (LOSS)

Sche	dule SE (Form 1040) 2017	7		Attachment Sequence t	io. 17	Page 2
Name	of person with self-emp	oyment income (as shown on Form 1040 or Form	1040NR)	Social security number of		
				person with self-employm	ent	
	L T. BIDEN			income	<u>. ▶ </u>	
	tion B - Long Sched					
	t I Self-Employm			,		
Note churc	: If your only income subje th employee income.	ect to self-employment tax is church employee	income, see	Instructions. Also see instr	uctions	for the definition of
	more of other net earnin	nber of a religious order, or Christian Science p gs from self-employment, check here and conti	nue with Part		you had	d \$400 or ▶□
1a	Net farm profit or (loss) f box 14, code A. Note: S	rom Schedule F, line 34, and farm partnerships, kip lines 1a and 1b if you use the farm optional	, Schedule K- method (see	1 (Form 1065), instructions)	1a	
b		curity retirement or disability benefits, enter the ded on Schedule F, line 4b, or listed on Schedu			1b	
2		Schedule C, line 31; Schedule C-EZ, line 3; Sche				
		Schedule K-1 (Form 1065-B), box 9, code J1. N				
	orders, see instructions	for types of income to report on this line. See in	structions for	r other income to report.		
	Note: Skip this line if yo	u use the nonfarm optional method (see instruct	tions) SEE	STATEMENT 17	2	862.
3	Combine lines 1a, 1b, a				3	862.
4 a	If line 3 is more than zer	o, multiply line 3 by 92.35% (0.9235). Otherwise	e, enter amou	nt from line 3	4a	796.
	Note: If line 4a is less th	an \$400 due to Conservation Reserve Program	payments or	line 1b, see instructions.		
b	If you elect one or both	of the optional methods, enter the total of lines	15 and 17 he	re	4b	
C		 If less than \$400, stop; you don't owe self-em 		_		505
		u had church employee income, enter -0- and	continue		4c	796.
5 a		loyee income from Form W-2. See instructions				
	1	employee income			-	
b	Multiply line 5a by 92.35	5% (0.9235). If less than \$100, enter -0-			5b	705
6	Add lines 4c and 5b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6	796.
7		mbined wages and self-employment earnings su				
		7.65% railroad retirement (tier 1) tax for 2017			7	127,200.00
8 a		ges and tips (total of boxes 3 and 7 on Form(s)	1	1		
	· ·	nent (tier 1) compensation. If \$127,200 or more,		199,821		
		i go to line 11			4	İ
b		to social security tax (from Form 4137, line 10)	1		- 1	
C		security tax (from Form 8919, line 10)			ا ہے ا	
d	Add lines 8a, 8b, and 8c	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			8d	
9	1	e 7. If zero or less, enter -0- here and on line 10			9 10	
10		ine 6 or line 9 by 12.4% (0.124)			11	23.
11	Nulliply line 6 by 2.9% ((0.029) Add lines 10 and 11. Enter here and on Form 1 0	MO line 57 /	or Form 1040NP line 55	12	23.
12 13		f of self-employment tax.	, inic 01, 1	or com to-order, mic co	1.5	
13		(0.50). Enter the result here and on				
	Form 1040, line 27, or F	· · · · ·		3 12		
Pa		hods To Figure Net Earnings (see instr			<u> </u>	
Farn		may use this method only if (a) your gross farm		sn't more than \$7,800, or		
	our net farm profits ² were			, ,		
14	Maximum income for op				14	5,200.00
15		o-thirds (2/3) of gross farm income ¹ (not less th	an zero) or \$5	5,200. Also include		
	this amount on line 4b a	above		********	15	
Non	arm Optional Method Y	ou may use this method only if (a) your net nor	nfarm profits	were less than \$5,631		
		f your gross nonfarm income, and (b) you had r				
at lea	· 1	3 years. Caution: You may use this method no	more than fiv	e times.		
16	Subtract line 15 from lin	ne 14		********	16	
17		o-thirds (2/3) of gross nonfarm income 4 (not les				
	line 16. Also include this	s amount on line 4b above			17	
¹ Fro	m Sch. F, line 9, and Sch. K-	-1 (Form 1065), box 14, code B.	³ From Sch. C	, line 31; Sch. C-EZ, line 3; Sc	h. K-1 (F	orm 1065), box 14, code A;
am	m Sch. F, line 34, and Sch. K ount you would have entered thod.	(-1 (Form 1065), box 14, code A - minus the d on line 1b had you not used the optional	4 From Sch. C	1 (Form 1065-B), box 9, code of the first of	K-1 (Fo	rm 1065), box 14, code C;

724502 10-20-17

DOES NOT APPLY

Form 6251

Department of the Treasury Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

► Go to www.irs.gov/Form6251 for instructions and the latest information.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074
2017
Attachment Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR Your social security number JOSEPH R. BIDEN JR. & JILL T. BIDEN Part | Alternative Minimum Taxable Income 1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the 9,578,639. amount from Form 104b, line 38, and go to line 7. (If less than zero, enter as a negative amount.) 1 2 Reserved for future use 2 736,613. 3 Taxes from Schedule A (Form 1040), line 9 3 4 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line 5 Miscellaneous deductions from Schedule A (Form 1040), line 27 5 -321,525. 6 If Form 1040, line 38, is \$156,900 or less, enter -0- Otherwise, see instructions 6 7 7 Tax refund from Form 1040, line 10 or line 21 8 Investment interest expense (difference between regular tax and AMT) R Depletion (difference between regular tax and AMT) ٥ 10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 10 11 Alternative tax net operating loss deduction 11 12 Interest from specified private activity bonds exempt from the regular tax 12 13 Qualified small business stock, see instructions 13 14 Exercise of incentive stock options (excess of AMT income over regular tax income) 14 15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 15 16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 16 17 Disposition of property (difference between AMT and regular tax gain or loss) 17 18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 18 19 Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 18 19 20 Loss limitations (difference between AMT and regular tax income or loss) 20 21 Circulation costs (difference between regular tax and AMT) 22 Long-term contracts (difference between AMT and regular tax income) 23 Mining costs (differende between regular tax and AMT) 24 Research and experimental costs (difference between regular tax and AMT) 24 25 Income from certain in stallment sales before January 1, 1987 26 Intangible drilling costs preference 26 27 27 Other adjustments, including income-based related adjustments 28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is 9,993,727. more than \$249,450, see instructions.) Part II Alternative Minimum Tax (AMT) 29 Exemption. (If you were under age 24 at the end of 2017, see instructions.) THEN enter on line 29... IF your filing status is... AND line 28 is not over Single or head of household \$120,700 \$54,300 Married filing jointly or qualifying widow(er) 160,900 84,500 0. Married filing separately 29 80,450 42,250 If line 28 is over the amount shown above for your filing status, see instructions. 9,993,727. 30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34 31 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line %; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. 2,794,488. 31 ... All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 26% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result. 32 Alternative minimum tax foreign tax credit (see instructions) 32 2,794,488. 33 Tentative minimum tax. Subtract line 32 from line 31 33 34 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)

35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45
719481 01-11-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 6251 (2017)

P	art III Tax Computation Using Maximum Capital Gains Rates		
	Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Workshop	eet in t	he instructions.
36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from		
	line 3 of the worksheet in the instructions for line 31	36	
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If		
	you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see		
	instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount		
	from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line		
	10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or		
	2555-EZ, see instructions for the amount to enter	39	
40	Enter the smaller of line 36 or line 39	40	
	Subtract line 40 from line 36	41	
	If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise,		and becomes a contract of the second of the
	multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	42	
43	Enter:		
	• \$75,900 if married filing jointly or qualifying widow(er),		
	• \$37,950 if single or married filing separately, or	43	
	• \$50,800 if head of household.	 ~	
АА	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
~~	for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either		
	worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you		
	are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	
AS	Subtract line 44 from line 43. If zero or less, enter -0-	45	
	Enter the smaller of line 36 or line 37	46	
A7	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	
	Subtract line 47 from line 46	48	
	Enter:	40	
40	• \$418,400 if single		
	A CODE OF O Management Elida and a company to	40	
	\$235,300 if married filling separately \$470,700 if married filling jointly or qualifying widow(er) \$444,550 if head of household	49	
5 0	PT	50	
	Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions	30	
01	for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies		
	(as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the		
	amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ,		
	· · · · · · · · · · · · · · · · · · ·	51	
50	see instructions for the amount to enter Add line 50 and line 51	52	
	Subtract line 52 from line 49. If zero or less, enter -0-	53	
5A	Enter the emailer of line 48 or line 53	54	
55	Enter the smaller of line 48 or line 53	55	
	Multiply line 54 by 15% (0.15) Add lines 47 and 54	56	
-	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.	 ~	
67	Subtract line 56 from line 46	57	
SR.	Multiply line 57 by 20% (0.20)	58	
•	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
50		59	
80	Add lines 41, 56, and 57 Subtract line 59 from line 36	60	
81	Subtract line 59 from line 36 Multiply line 60 by 25% (0.25)	61	
	Multiply line 60 by 25% (0.25) Add lines 42, 55, 58, and 61	62	
	Add lines 42, 55, 58, and 61 If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26).	02	
-	Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	00	
84	Enter the smaller of line 62 or line 63 here and on line 31. If you are filling Form 2555 or 2555-EZ, do not enter	63	
~~	this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31.	RA	

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT Social Security Number Name(s) JOSEPH R. BIDEN JR. & JILL T. BIDEN Adjustment Form Description Form 6251 Other Adjustment Income Name Form 6251, Line 19 Form 6251, Line 20 Form 6251, Line 17 Form 6251, Line 18 COTTAGE -WILMINGTON, 11,319. REGULAR INCOME 11,319. AMT NET INCOME

SCHEDULE H (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

Attach to Form 1040, 1040NR, 1040-SS, or 1041.

► Go to www.irs.gov/ScheduleH for instructions and the latest information.

OMB No. 1545-1971 2017 Attachment

Social security number Name of employer **Employer identification number** JOSEPH R. BIDEN JR. & JILL T. BIDEN Calendar year taxpayers having no household employees in 2017 don't have to complete this form for 2017. Did you pay any one household employee cash wages of \$2,000 or more in 2017? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.) X Yes. Skip lines B and C and go to line 1. No. Go to line B. Did you withhold federal income tax during 2017 for any household employee? Yes. Skip line C and go to line 7. No. Go to line C. Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017 to all household employees? (Don't count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.) Stop. Don't file this schedule. No. Yes. Skip lines 1-9 and go to line 10. Social Security, Medicare, and Federal Income Taxes Part I Total cash wages subject to social security tax 1,066. Social security tax. Multiply line 1 by 12.4% (0.124) Total cash wages subject to Medicare tax 3 249. Medicare tax. Multiply line 3 by 2.9% (0.029) Total cash wages subject to Additional Medicare Tax withholding 5 6 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) Federal income tax withheld, if any 1,315. Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017 to all household employees? (Don't count cash wades paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.) No. Stop. Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form 1040, see the line 9 instructions. X Yes. Go to line 10.

710351 11-28-17

Schedule H (Form 1040) 2017

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

			BIDEN JR. 8	& JILL	T. BIDEN					ſ	Page 2
Part II	Federal U	nemployment	(FUTA) Tax						т		N.
			to only one state? I					Γ.		Yes	No
	ictions and c		ributions for 2017 by					********	10 11	X	
	-	r -	tax also taxable for						12	X	
Next: If you o	hecked the	"Yes" box on all th	e lines above, compi	ete Section A	١.						L
If you o	hecked the	"No" box on any of	the lines above, ski			tion B.					
				Section /	_			T			
13 Name of 1	the state wh	ere you paid unemp	oloyment contributio	ns	-	DE					
44 Contribut	iono païd ta	vour state unompie	yment fund		14						
			yment iunu			% RATE	15		-	7.0	00.
			6). Enter the result h			line 25	16				42.
				Section I							
17 Complete	all columns	below that apply (i	f you need more spa	ice, see instru	ictions):						
of defin	(b) able wages (as sed in state act)	Р	(C) perience rate eriod	(d) State experience	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	Subtract from co If zero c	t col. (f) oi. (e).	paid	(h) tribution to sta	ite
state		From	То	rate			enter			fund	
l											
	······										
		<u> </u>			<u> </u>						
18 Totals						1	8				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
			ee the line 15 instruc					<u> </u>			
							21				
22 Multiply II	ne 20 by 5.4	% (0.054)			[22]						
			rtions late or you're i			***********					
			······································				☐ 23				
			Enter the result here								
	·····	sehold Employ	·								
			ked the "Yes" box o								<u>15.</u>
26 Add line	16 (or line 24) and line 25					26	<u> </u>		L,3	57.
		e Form 1040?		4040 E	00 - Dank	-laka Dank Kilikata					
			line 26 above on Fo		60a. Don't comp	Diete Part IV Delo	W.				
	-		Complete this part		ed. See the line 2	7 instructions.					
Address (number	and street) or P.0	D. box if mail isn t delivere	d to street address				Apt., i	room, or suite	no.		
City, town or post	office, state, and	1 ZIP code									
Inder constice of	Frankrik I danlar	n that I have a promised the					ere Min dan a			.1	
payment made to which preparer ha	a state unemplo	yment fund claimed as a c	s schedule, including acco xedit was, or is to be, dedu	cted from the pay	ments to employees. C	Declaration of preparer	(other than taxp	ayer) is based	on all i	nforma	tion of
Aurubahan na	s any knowledge	*									
Employer's	signature					Date					
	1	preparer's name	Preparer's	s signature	Dat	e Ch	eck if	PTIN			
Paid			, opaidi				f- employed				
Preparer	Firm's nam	ne 🕨	-		•		m's EIN 🕨				
Use Only											
	Firm's add	ress 🕨				Pt	none no.				

710352 11-28-17

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.

Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

► Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment Sequence No. 71

Your social security number

JO	SEPH R. BIDEN JR. & JILL T. BIDEN				
P	art I Additional Medicare Tax on Medicare Wages				
1	Medicare wages and tips from Form W-2, box 5. If you have				
	more than one Form W-2, enter the total of the amounts		_		
	from box 5	1	729,776.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
	Add lines 1 through 3	1 . 1	729,776.		
5	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0-			6	479,776.
	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). En			7	4,318.
-	art II Additional Medicare Tax on Self-Employment Income				
8	Self-employment income from Schedule SE (Form 1040),				
	Section A, line 4, or Section B, line 6. If you had a loss, enter				
	-0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	796.		
9	Enter the following amount for your filing status:			1 1	
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000.		
10	Enter the amount from line 4		729,776.	1 1	
	Subtract line 10 from line 9. If zero or less, enter -0-		0.	4 0000 NO. SQL	
	Subtract line 11 from line 8. If zero or less, enter -0-			12	796.
	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0		***************************************	- 	
••	here and go to Part III	7.000). Lattor		13	7.
P	art III Additional Medicare Tax on Railroad Retirement Tax A	ct (RRTA)	Compensation	1.01	
	Railroad retirement (RRTA) compensation and tips from			100	
•	Form(s) W-2, box 14 (see instructions)	14			
15	Enter the following amount for your filing status:			1 1	
•••	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying widow(er) \$200,000	45			
18	Subtract line 15 from line 14. If zero or less, enter-0-			16	
	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lin		******************************		
**	0.00((0.000) 5 ()) 0.00(-		17	
D:	o.9% (0.009). Enter nere and go to Part IV	************		1 1/ 1	
-	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1	I O 4 O N ID		T T	
	1040-PR, and 1040-SS filers, see instructions) and go to Part V			18	4,325.
Ps	art V Withholding Reconciliation	**************		10	7,3231
	Medicare tax withheld from Form W-2, box 6. If you have more than			1820 BS	
10	one Form W-2, enter the total of the amounts from box 6	40	12,122.		
00	Enter the employ from line t	19	729,776.	-	
20	Enter the amount from line 1 Multiply line 20 by 1.45% (0.0145). This is your regular	20	123,110.	1	
21			10 592		
00	Medicare tax withholding on Medicare wages	21	10,582.	1 1	
ZZ.	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Med				1 540
00	withholding on Medicare wages			22	1,540.
4 3	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation				
04	W-2, box 14 (see instructions)	Almin		23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include				
	amount with federal income tax withholding on Form 1040, line 64 (Form 1040N				1 540
	and 1040-SS filers, see instructions)			24	1,540.

Net Investment Income Tax -Individuals, Estates, and Trusts

OMB No. 1545-2227

Department of the Treasury Internal Revenue Service (99)

➤ Attach to your tax return.

► Go to www.irs.gov/Form8960 for instructions and the latest information. Name(s) shown on your tax return

Your social security number or EIN

Jos	EPH R. BIDEN JR. & JILL T. BIDEN				
Pari	Investment Income Section 6013(g) election (see instructions)				
	Section 6013(h) election (see instructions)				
	Regulations section 1.1411-10(g) election (see ins	structions)		
1	Taxable interest (see instructions)			1	7,669.
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,				
	etc. (see instructions)	4a	10,060,058.		
b	Adjustment for net income or loss derived in the ordinary course of				
	a non-section 1411 trade or business (see instructions) STATEMENT 19	4b	-10,048,739.		
c	Combine lines 4a and 4b			4c	11,319.
5a	Net gain or loss from disposition of property (see instructions)	5a			
b	Net gain or loss from disposition of property that is not subject to				
	net investment income tax (see instructions)	5b			
С	Adjustment from disposition of partnership interest or S corporation				
_	stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			8	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	18,988.
	II Investment Expenses Allocable to Investment Income and				
9a	Investment interest expenses (see instructions)	-			
b	State, local, and foreign income tax (see instructions)		4,185.	1 1	
c	Miscellaneous investment expenses (see instructions)				
d	Add lines 9a, 9b, and 9c		<u> </u>	9d	4,185.
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	4,185.
	III Tax Computation	*********		<u> </u>	
12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals comp	olete lir	nes 13-		
	17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-			12	14,803.
	Individuals:		***************************************		
13	Modified adjusted gross income (see instructions)	13	11,031,309.		
14	Threshold based on filing status (see instructions)	14	1 250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	10.781.309.	1	
16	Enter the smaller of line 12 or line 15			16	14,803.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter he	re and	······	"	
••	include on your tax return (see instructions)			17	563.
	Estates and Trusts:		***************************************		
18a		18a			
ь	Deductions for distributions of net investment income and			1	
_	deductions under section 642(c) (see instructions)	18b			
c	Undistributed net investment income, Subtract line 18b from 18a (see			1	
_	instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a		1	
b	Highest tax bracket for estates and trusts for the year (see			1 1	
***	instructions)	19b			
С	Subtract line 19b from line 19a. If zero or less, enter-0-			1 1	
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038).E				
	and include on your tax return (see instructions)			21	
LHA				<u> </u>	Form 8960 (2017)

723121 12-22-17

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Par	t I - Applicat	tion of Section 67 to Deduc	tions Properly All	ocable to Inves	tment	ncome		
1.	Enter the amo	ount of Miscellaneous Itemized [Deductions properly					
	allocable to in	nvestment income before any ite	mized deduction limi	tations				
	(Description a	and Form 8960 line number whe	re they'll be reported) :				
	•	Description	Line	<u>Amount</u>				
	(a)							
	(b)							
2.	Enter the total	of all items listed in line 1			2.			
3.		ount of all Miscellaneous Itemize			-			
	application of	the section 67 limitation (Sched	lule A (Form 1040),					
	line 27)				3.			
4.	Enter the less	ser of the total reported on line 2	or line 3				4.	

Par	t II - Applica	tion of Section 67 Limitation	n to Specific Dec	luctions				
		Reenter the amounts and de		I, line 1.		(B) IF line 3 is less than line 2, THEN divide line 3 by line 2 AND enter the amount in column (B). IF amounts reported on Part I, lines 2 and 4 are equal, THEN enter 1.00 in column (B).		(C) Multiply the individual amounts in column (A) by the amount in column (B).
	(a)	}	***************************************		х			
	(b)				_		_	
Ī	Individualiowab	uals - Use the amounts in colum le after the application of the sec s or trusts - Enter the amounts i of this worksheet.	ction 68 limitation.		amount			

Lines 9 and 10 - Application of Itemized Deduction Limitations on

Deductions Properly Allocable to Investment Income Worksheet continued

Keep for Your Records

Enter the amount of Mischalaneous Itemized Deductions properly allocable to investment income from column (C) of Part II: Description Line Amount	
investment income from column (C) of Part II: Description	
Line Amount (a)	
(a) (b) Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income 2. 4,185. Enter the amounts of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitations (Description and Form 8960 line number where they'll be reported): Description Line Amount	
Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income 2 4,185. Enter the amounts of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitations (Description and Form 8960 line number where they'll be reported): Description Line Amount	
Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income Enter the amounts of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitations (Description and Form 8960 line number where they'll be reported): Description Line Amount (a) (b) Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3 4. 4,18 Enter the amount of total itemized deductions reported on Form 1040 Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: (a) Investment Interest Expense (b) Casualty Losses (other than losses described in section 165(c)(1) (c) Medical Expenses (d) Cambling Losses (e) Total of lines 6(a) through 6(d) Subtract line 6e from line 5 Enter the lesser of line 7 or line 4 TIP This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 on Form 8960, lines 9 and 10 (Individual deduction amounts reported on Form 8960, lines 9 and 10 (Individuals Only)	
Enter the amounts of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitations (Description and Form 8960 line number where they'll be reported): Description	
Enter the amounts of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitations (Description and Form 8960 line number where they'll be reported):	
limitations (Description and Form 8960 line number where they'll be reported): Description	
Line Amount (a) (b) Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3 Enter the amount of total iternized deductions reported on Form 1040 Enter all other iternized deductions allowed but not subject to the section 68 deduction limitation: (a) Investment Interest Expense (b) Casualty Losses (other than losses described in section 165(c)(1) (c) Medical Expenses (d) Gambling Losses (e) Total of lines 6(a) through 6(d) Subtract line 6e from line 5 Enter the lesser of line 7 or line 4 This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10. Int IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)	
(a) (b) (b) (c) Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3 (a. 4. 18) (b) (b) (c) Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: (a) Investment Interest Expense (b) Casualty Losses (other than losses described in section 165(c)(1) (c) Medical Expenses (d) Gambling Losses (e) Total of lines 6(a) through 6(d) (e) Total of lines 6(a) through 6(d) (e) Subtract line 6e from line 5 (f)	
Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3 Enter the amount of total itemized deductions reported on Form 1040 Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: (a) Investment Interest Expense (b) Casualty Losses (other than losses described in section 165(c)(1)) (c) Medical Expenses (d) Gambling Losses (e) Total of lines 6(a) through 6(d) Subtract line 6e from line 5 Enter the lesser of line 7 or line 4 This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10. Int IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)	
Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3 Enter the amount of total itemized deductions reported on Form 1040 Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: (a) Investment Interest Expense (b) Casualty Losses (other than losses described in section 165(c)(1)) (c) Medical Expenses (d) Gambling Losses (e) Total of lines 6(a) through 6(d) Subtract line 6e from line 5 Enter the lesser of line 7 or line 4 This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.	
Enter the amount of total itemized deductions reported on Form 1040 Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: (a) Investment Interest Expense (b) Casualty Losses (other than losses described in section 165(c)(1) (c) Medical Expenses (d) Gambling Losses (e) Total of lines 6(a) through 6(d) Subtract line 6e from line 5 Enter the lesser of line 7 or line 4 This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.	
Enter the amount of total itemized deductions reported on Form 1040 5. 1,452,670. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: (a) Investment Interest Expense (b) Casualty Losses (other than losses described in section 165(c)(1)) (c) Medical Expenses (d) Gambling Losses (e) Total of lines 6(a) through 6(d) 6e. Subtract line 6e from line 5 7. 1,452,67 Enter the lesser of line 7 or line 4 8. 4,18 This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.	
Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: (a) Investment Interest Expense (b) Casualty Losses (other than losses described in section 165(c)(1)) (c) Medical Expenses (d) Gambling Losses (e) Total of lines 6(a) through 6(d) Subtract line 6e from line 5 Enter the lesser of line 7 or line 4 This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10. Int IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)	
Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: (a) Investment Interest Expense (b) Casualty Losses (other than losses described in section 165(c)(1)) (c) Medical Expenses (d) Gambling Losses (e) Total of lines 6(a) through 6(d) Subtract line 6e from line 5 Enter the lesser of line 7 or line 4 This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10. Int IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)	
deduction limitation: (a) Investment Interest Expense (b) Casualty Losses (other than losses described in section 165(c)(1)) (c) Medical Expenses (d) Gambling Losses (e) Total of lines 6(a) through 6(d) Subtract line 6e from line 5 Enter the lesser of line 7 or line 4 This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10. Int IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)	
(a) Investment Interest Expense (b) Casualty Losses (other than losses described in section 165(c)(1)) (c) Medical Expenses (d) Gambling Losses (e) Total of lines 6(a) through 6(d) Subtract line 6e from line 5 Enter the lesser of line 7 or line 4 TIP This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.	
(b) Casualty Losses (other than losses described in section 165(c)(1) (c) Medical Expenses (d) Gambling Losses (e) Total of lines 6(a) through 6(d) Subtract line 6e from line 5 Enter the lesser of line 7 or line 4 This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10. Int IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)	
section 165(c)(1) (c) Medical Expenses (d) Gambling Losses (e) Total of lines 6(a) through 6(d) Subtract line 6e from line 5 Enter the lesser of line 7 or line 4 This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10. Int IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)	
(c) Medical Expenses (d) Gambling Losses (e) Total of lines 6(a) through 6(d) Subtract line 6e from line 5 Subtract line 6e from line 5 Enter the lesser of line 7 or line 4 This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10. Int IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)	
(d) Gambling Losses (e) Total of lines 6(a) through 6(d) Subtract line 6e from line 5 Enter the lesser of line 7 or line 4 This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10. Int IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)	
(e) Total of lines 6(a) through 6(d) Subtract line 6e from line 5 Enter the lesser of line 7 or line 4 This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10. Int IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)	
Subtract line 6e from line 5 Enter the lesser of line 7 or line 4 This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10. Int IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)	
This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10. Int IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)	
This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10. Int IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)	<u>U.</u>
and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10. art IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)	<u></u>
and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10. art IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)	
art IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)	
(B) IF Part III, line 8 is less	
the Part III, line 4,	
THEN divide line 8 by (C)	
line 4 AND enter the Multiply the indiv	dual
amount in column (B). amounts in colu	mn
IF the amounts (A) by the amounts	
reported on Part III, column (B). En	
lines 4 and 8 are these amounts in (A) equal, THEN enter appropriate loca	
Reenter the amounts and descriptions from Part III, lines 1 - 3. 1.00 in column (B), on lines 9 and	1
scellaneous Itemized Deductions properly allocable to	
restment income:	
Description Line Amount	
. (a) X =	
(b)X =	
State, local, and foreign income taxes 4,185. x 1.0000 = 4,18	5.
mized Deductions Subject to Section 68 included on Line	
of Part III:	
. (a) X =	
(b) X =	
(b)	
mized Deductions Subject to Section 68 included on Line of Part III: (a) X =	

723252 01-10-18

Net Investment Income Tax - Individuals, Estates, and Trusts

2017

DELAWARE - TAXPAYER

	ame(s) OSEPH R. BIDEN JR.					ocial s	ecurity number or EIN		
Par	t I Investment Incor	ie L	Section 6013(g) election	ion				······································	
T0000000000000000000000000000000000000	000 makes 200		Regulations section 1						
1	Taxable interest (Form 1040,	line 8a;						1	3,977.
2	Ordinary dividends (Form 10							2	
3	Annuities from nonqualified ;							3	
4a	Rental real estate, royalties,		nips, S corporations, trus	its,					
	etc. (Form 1040, line 17; or F	orm 104	1, line 5)		4a	9,496	,517.		
b	Adjustment for net income of								
	a non-section 1411 trade or l	usiness			4b	-9,490	,857.		
c	Combine lines 4a and 4b							4c	5,660.
5a	Net gain or loss from disposi	ion of pr	operty from Form 1040,						
	combine lines 13 and 14; or 1	rom For	n 1041, combine lines 4	and 7	5a				
b	Net gain or loss from disposi	ion of pr	operty that is not subjec	t to					
	net investment income tax _		******************************		5b				
c	Adjustment from disposition								
	stock		******************************		5c				
d	Combine lines 5a through 5d							5d	
6	Changes in investment incor	e for ce	rtain CFCs and PFICs					6	
7	Other modifications to invest	nent inc	ome					7	
8	Total investment income. Co	nbine lin	es 1, 2, 3, 4c, 5d, 6, and	7	<i></i>			8	9,637.
Par	t II State Income Tax	Pro-r	ation for 2017 Inco	me Tax Paymen	ts				
9	State total income		***************************************					9	10,192,553.
10	State total income State income tax payments i	or 2017	***************************************	SE	E S	TATEMEN	T 20	10	324,349.
11	2017 state income tax paym							11	307.
Par	t III State Income Tax		**************************************						
12	State estimate payments for	2016	*************************					12	
13	Percent of state income taxe							13	.041863
14	2016 state estimate paymen							14	
Par	t IV State Income Tax		······································						
15	Balance of prior years tax plu							15	290.
16	Percent of state income taxe							16	.041863
17	Balance of prior years tax an			e to investment incon	ne. Lin	e 15 times line	16	17	12.
	t V Reduction of Sta							,	
18	Reduction of state tax deduc	ion						18	()
19	Percent of state income taxe							19	.041863
20	Reduction of state tax deduc							20	<u>(</u>
	t VI Total State Incon							·	24.5
21	Combine lines 11, 14, 17 and	20. Car	ry to Form 8960, Line 9 \	Norksheet, Part III, lin	e 2			21	319.

Form 8960 (2017)

Net Investment Income Tax - Individuals, Estates, and Trusts

2017

DELAWARE - SPOUSE

Name JIL	S(S) L. T. BIDEN	social :	security number or EIN
Par	t I Investment Income Section 6013(g) election		
	Regulations section 1.1411-10(g) election		
1	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)	1	3,692.
2	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)	2	
3	Annuities from nonqualified plans	3	
4a	Rental real estate, revalties, partnerships, S corporations, trusts,		
	etc. (Form 1040, line 17; or Form 1041, line 5) 4a 563,541	<u>.</u>	
b	Adjustment for net income or loss derived in the ordinary course of		
	a non-section 1411 trade or business 4b -557,882	•	
c	Combine lines 4a and 4b	4c	5,659.
5a	Net gain or loss from disposition of property from Form 1040,		
	combine lines 13 and 14; or from Form 1041, combine lines 4 and 75a	_	
b	Net gain or loss from disposition of property that is not subject to		
	net investment income tax5b	_	
c	Adjustment from disposition of partnership interest or S corporation		
	stock5c		
d	Combine lines 5a through 5c		
8	Changes in investment income for certain CFCs and PFICs		
7	Other modifications to investment income		A 351
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	9,351.
Par	rt II State Income Tax Pro-ration for 2017 Income Tax Payments		550 035
9	State total income	9	778,837.
10	State income tax payments for 2017 SEE STATEMENT 21	10	315,615.
11	2017 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10	11	3,789.
Par	rt III State Income Tax Pro-ration for 2016 Estimate Payments Made in 2017		1
12	State estimate payments for 2016		000610
13	Percent of state income taxes attributable to investment income for 2016		.080612
14	2016 state estimate payments attributable to investment income. Line 12 times line 13	14	
Par	rt IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Pay		Paid in 2017
15	Balance of prior years tax plus extension payments paid in 2017		958.
16	Percent of state income taxes attributable to investment income for 2016		.080612
17	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16	. 17	77.
Par	rt V Reduction of State Tax Deduction		
18	Reduction of state tax deduction	18	(000630
19	Percent of state income taxes attributable to investment income for 2016		.080612
20	Reduction of state tax deduction attributable to investment income. Line 18 times line 19	20]()
Pai	rt VI Total State Income Tax Payments Attributable to Investment Income		2 000
21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	_ 21	3,866.

Form 8960 (2017)

Shared Responsibility Payment

721636 12-26-17

To Figure Your Shared Responsibility Payment

- Follow Steps 1 through 5 next.
- Complete Worksheet A or Worksheet B if you are directed to them as you complete Steps 1 through 5.
 Complete the Shared Responsibility Payment Worksheet as directed by Steps 1 through 5 or Worksheets A and B.

Onlinete the online in the onl	
Step 1 All Filers	
1. Can someone claim you as a dependent?	
Yes. Stop. You don't owe a shared responsibility payment. Don't check the box on line 6a of Form 1040 or Form 1040A. If you file Form 1040EZ, check the box	on line 5
X No. Continue to line 2	
2. Did you, and everyone else in your tax household (see Tax household under Definitions, earlier) have qualifying health coverage	for every month of
2017*?	
Yes. Stop. You don't owe a shared responsibility payment. Check the Full-year coverage box on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line	:11
No. Continue to line 3	
"You can check the Full-year coverage box if you had or adopted a child during the year, or a member of your tax household died during the year, as long as that person had care coverage for every month he or she was a member of your tax household.	ad qualifying health
3. Did you or anyone else in your tax household have qualifying health coverage or qualify for a coverage exemption for any month	
2017?	
Yes. Stop. Claim arly coverage exemption you qualify for on Form 8965. Skip question 4; go to Worksheet A	
No. Continue to line 4	
4. Did you, or anyone else in your tax household turn 18 during 2017?	
Yes. Go to Worksheet A	
L No. Go to Step 2	
Step 2 Flat Dollar Amount	
1. Multiply \$695 by the number of people in your tax household who were at least 18 years old*	1
*For purposes of figuring the shared responsibility payment, an individual is considered under age 18 for an entire month if he	
or she didn't turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was	
born.	
2. Multiply \$347.50 by the number of people in your tax household who were under age 18	2
3. Add lines 1 and 2	
4. Enter the smaller of line 3 or \$2,085 here and on line 1 of the Shared Responsibility Payment Worksheet. Go to Step 3	4
Step 3 Household Income	
1. Enter the amount from Form 1040, line 38; Form 1040A, line 21; or Form 1040EZ, line 4	1
2. Did you receive any tax-exempt interest?	
Yes. Enter the amount from Form 1040, line 8b; Form 1040A, line 8b; or the amount entered in the space to the left of Form 1040EZ, line 2	2
No. Continue to line 3	
3. Did you attach Form 255\$ or Form 2555-EZ?	
Yes. Enter the amount from Form 2555, lines 45 and 50; or Form 2555-EZ, line 18	3
No. Continue to line 4	
4. Did you claim any dependents?	
Yes. Continue to line 5	
No. Stop. Add lines 1 through 3. This is your household income. Enter the result on Step 4, line 1	
5. Were any of the dependents you claimed required to file a return?	
Yes. Complete questions 1 through 3 for each dependent with a filing requirement for whom you didn't attach Form 8814. Enter the total here	5
No. Add lines 1 through 3. This is your household income. Enter the result on Step 4, line 1	
6. Did you attach Form 8814?	
Yes, Continue to line 7	
No. Stop. Add lines 1, 2, 3, and 5. This is your household income. Enter the result on Step 4, line 1	
7. Is Form 8814, line 4, more than \$1,050?	
Yes. Add the amount from Form 8814, line 1b, and the smaller of Form 8814, line 4 or 5	7
No. Enter -0 Continue to line 8	*
8. Add lines 1, 2, 3, 5, and 7. This is your household income. Enter the result on Step 4, line 1	8
o. 7 and throw 1, 2, 0, 0, and F. Title to your residence interiors. Little the result on Otop 4, into 1	

Shared Responsibility Payment continued

Step 4 Percentage	Income Amount	
1. Enter your household inc	ome from Step 3	1
	(if filing jointly) born before January 2, 1953? n 3. Find your filing threshold on the Filing Thresholds for Most People chart and enter it both here	
		2
No. Go to question	n 3	
140. Go to question	310.	
3. Enter the amount listed t	pelow for your filing status.	3
 Single - \$10,400 		
 Head of household - 9 	13,400	
 Married filing jointly -: 	\$20,800	
 Married filing separat 	ely - \$4,050	
 Qualifying widow(er) - 	\$16,750	
4. Enter the amount from II	ne 2 or 3.	4
E Cubtmat line 4 from line	4	5
5. Subtract line 4 from line	1	J
6. Is the amount on line 5 a	vero or legs?	
	o't owe a shared responsibility payment. Complete Form 8965 by checking the box on line 7.	
No. Continue to		
	D.025). This is your percentage income amount	7
8. Were you required to co		
	sheet B. Then continue to Step 5	
No. Enter the am	ount from line 7 above on line 2 of the Shared Responsibility Payment Worksheet and complete	
line 3 of that wor	sheet. Then continue to Step 5.	
Step 5 National Av	erage Bronze Plan Premium	
1. Were you required to co	mplete Worksheet A?	
Yes. Continue to		
	n 2; Go to question 3.	
	mber on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility	_
	ip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet	2
	ge premium for a bronze level health plan available through the Marketplace for one individual for one month.	
	ared Responsibility Payment Worksheet, the amount below that corresponds to the total number of	
· · · · · · · · · · · · · · · · · · ·	shold. Then complete line 5 of the Shared Responsibility Payment Worksheet.	
• 1 person - \$3,264		
2 people - \$6,5283 people - \$9,792		
• 4 people - \$13,056		
• 5 or more people - \$1	6.320	
- Col more people VI	Open	
Shared Responsibilit	y Payment Worksheet	
Use this worksheet if you a	re referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. If	
everyone in your tax house	hold had either minimum essential coverage or a coverage exemption for every month during	
2017, stop here. You don't	owe a shared responsibility payment.	
Complete Step 1		
1	ount. (From Step 2, question 4 or Worksheet A, line 7)	
Complete Step 3		
	ncome amount. (From Step 4, question 7 or Worksheet B, line 14)	
	1 or line 2 3	
Complete Step 5		
	rage Bronze Plan Premium (From Step 5, question 2 or 3) 4	
	3 or line 4 here and on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11.	
i nis is your snared re	sponsibility payment5	

Department of the Treasury Internal Revenue Service (99)

Passive Activity Loss Limitations See separate instructions.

Attach to Form 1040 or Form 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Nan	ne(s) shown on return	laentrying number				
T 0	CEDII D. DIDEN	TO C TITE IN DINENT				
	·	JR. & JILL T. BIDEN Activity Loss Caution: Complete Worksheets 1, 2	2 and	2 hafara completing Part I	<u> </u>	
		With Active Participation (For the definition of active participation (For the definition of active participation).	Darucip	ation, see		
1a	4 4 44	(enter the amount from Worksheet 1,	l 1a	11,319.		
b	Activities with net loss (e	nter the amount from Worksheet 1,	1b	()		
	Prior years' unallowed los	sses (enter the amount from Worksheet	1c	()		11,319.
		d 1c Jeductions From Rental Real Estate Activities			1d	11,313.
		deductions from Worksheet 2, column (a)	2a	١,		
		•	20	1		
	Worksheet 2, column (b)	nmercial revitalization deductions from				
	Add lines 2a and 2b				2c	
All (Other Passive Activities					
3а	ľ	e (enter the amount from Worksheet 3,	За			
b		nter the amount from Worksheet 3,	3b			
С	Prior years' unallowed to	sses (enter the amount from Worksheet 3,	3c	,		
d		d 3c		11	3d	
4	Combine lines 1d, 2c, an	d 3d. If this line is zero or more, stop here and include the	nis form	n with your return; all	34	
		ding any prior year unallowed losses entered on line 1c,				
	the forms and schedules				4	11,319.
		<u> </u>	1 22,020			
		Line 2c is a loss (and line 1d is zero or more), skip Par		-	nn 45	
C0		 Line 3d is a loss (and lines 1d and 2c are zero or more in married filing apparetch; and you lived with your apparen 				
	rt II or Part III. Instead, go	is married filing separately and you lived with your spous to line 15	se at a	ny ume during the year, do	not	complete
-		vance for Rental Real Estate Activities With	h Act	ive Particination		
		mbers in Part II as positive amounts. See instructions fo		•		
5		loss on line 1d or the loss on line 4			5	
6	1	d filing separately, see instructions	6	I	-	
7	· ·	gross income, but not less than zero (see instructions)	7		1	
,	- 1	than or equal to line 6, skip lines 8 and			1	
	9, enter -0- on line 10. Ot					
8		6	8			
9	Multiply line 8 by 50% (0	.50). Do not enter more than \$25,000. If married filing se		h, egg instructions	9	
		5 or line 9			10	
	If line 2c is a loss on the	Part III. Otherwise, go to line 15.				
Pa	rt III Special Allow	vance for Commercial Revitalization Deduc	ctions	s From Rental Real	Feta	te Activities
	······································	mbers in Part III as positive amounts. See the example f				ic notivities
11		<u> </u>			11	
12				12		
13	Reduce line 12 by the an	nount on line 10	******	***************************************	13	
14	Enter the smallest of line	e 2c (treated as a positive amount), line 11, or line 13	*******	***************************************	14	
-	rt IV Total Losses	Allowed			1 1**	1
15		on lines 1a and 3a and enter the total	······		15	T
16		om all passive activities for 2017. Add lines 10, 14, and			- 	
_		the losses on your tax return			16	
	710701 10 10 17 Ear Dan	erwork Reduction Act Notice, see instructions.			-	Form 8582 (2017)

Form 8582 (2017) JOSEI	PH R. BIDEN	JR. & JILL	T. E	BIDEN				Page 2
Caution: The worksheets n	nust be filed with your to	ax return. Keep a co	by for you	ur records.				
Worksheet 1 - For Fo					······			······
Workdirect 1 - 1 Of 1 C	Jim OOOL, Linico it	s, 12, and 10 (0)	II 10-E1	<u>uo,</u>	I			
		Curren	it year		Prior yea	ars	Overali	gain or loss
Name of a	ctivity	(-) \$1-4 to	/L\ A1		(a) I Inalia			
				et loss e 1b)	(c) Unallo loss (line		(d) Gain	(e) Loss
		(illie ia)	/1111	e in)	omij ecor	10)		
		SEE ATTAC	HED S	STATEM	ENT FOI	R WORKS	HEET 1	
Total. Enter on Form 8582	lines de		-					
	a mies ia,	11,319.						
1b, and 1c	0500 1: 0		- A 3.°		<u> </u>	1		
Worksheet 2 - For Fo	orm 8582, Lines 2			ons.)			T	
Name of a	ctivity	(a) Current			(b) Prior y		(c) Overall loss
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	deductions (li	ne 2a)	unallo	wed deducti	ons (line 2b)	<u> </u>	
7-1-1 F-1 F 000	<u>"</u> 0-						49000	
Total. Enter on Form 8582	z, iines za							
and 2b		L	-					
Worksheet 3 - For Fo	orm 8582, Lines 3	a, 3b, and 3c (S	ee ınstı	ructions.)	<u> </u>			
		Currer	nt vear		Prior ye	ars	Overall	gain or loss
Name of a	ectivity							<u> </u>
110,110 07		(a) Net income	(b) Net loss		(c) Unallowed		(d) Gain	(e) Loss
		(line 3a)	(lin	ie 3b)	loss (line	3c)	(-,	(-/
					 		••••	
Total. Enter on Form 8583	2, lines 3a,							
3b, and 3c								
Worksheet 4 - Use t	his worksheet if a	n amount is sh	own or	Form 8	582, line 1	0 or 14 (Se	e instruc	tions.)
		Form or schedule						
		and line number				(c) Special	(d) Subtract
Name of a	ctivity	to be reported on	(a)	Loss	(b) Rat		allowance	column (c)
		(see instructions)						from column (a)
			<u></u>					
		1			T			
•								
Total		.						
Worksheet 5 - Alloc	ation of Unallawa	d Lococo/Coo in		\				
VYUI KSHEET 3 - AllOC	audii di Unailowe			ons.)				
		Form or sch						
Name of	activity	and line nu		(a)	Loss	(b) R:	atio	(c) Unallowed loss
		to be report						
		(see instruc	uv:15/					
•								
					······	ļ		
T-A-1								
Total				i		•	1	

719762 10-13-17

Form **8582** (2017)

FORM 1040	PENSIONS AND ANNUITIE	S S	STATEMENT	2
OFFICE OF PENSION	\$ \$			
AMOUNT RECEIVED 'NONTAXABLE AMOUN'CAPITAL GAIN DIS	1	33,291. 169.		
			33,1	22.
OFFICE OF PERSONN	EL MANAGEMENT			
AMOUNT RECEIVED NONTAXABLE AMOUN CAPITAL GAIN DIS		21,839. 21,839.		
				0.
OFFICE OF PERSONN	EL MANAGEMENT			
AMOUNT RECEIVED NONTAXABLE AMOUN CAPITAL GAIN DIS		186,764. 6,691.		
			180,0	73.
TOTAL INCLUDED I	N FORM 1040, LINE 16B	_	213,1	95.

			—
FORM 1040	SOCIAL SECURITY BENEFITS WORKSHEET	STATEMENT	3
CHECK ONLY ONE BO	x ·		
	OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)		
X B. MARRIED FILI	NG JOINTLY NG SEPARATELY AND LIVED WITH YOUR SPOUSE		
AT ANY TIME			
	NG SEPARATELY AND LIVED APART FROM YOUR SPOUSE		
	AL AMOUNT FROM BOX 5 OF ALL YOUR		
FORMS SSA-109 FORM 1040, LI	9 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON	41,08	1
	CKED BOX B: TAXPAYER AMOUNT 32,859.	41,00	⊥•
	SPOUSE AMOUNT 8,222.		
	1 BY 50% (0.50)	20,54	:1.
	TS ON FORM 1040, LINE 7, 8B, 9A, 10 THRU 14, THRU 19, 21 AND SCHEDULE B, LINE 2. DO NOT		
	MOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099	11,002,83	2.
	UNT OF ANY EXCLUSIONS FROM FOREIGN EARNED		
	GN HOUSING, INCOME FROM U.S. POSSESSIONS, M PUERTO RICO BY BONA FIDE RESIDENTS OF		
	HAT YOU CLAIMED		
5. ADD LINES 2,	B, AND 4	11,023,37	3.
	TS ON FORM 1040, LINES 23 THROUGH LINE 32,		
LINE NEXT TO	-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED	6,44	2.
7. SUBTRACT LINE		11,016,93	
	000 IF YOU CHECKED BOX A OR D, OR		
\$32, \$-0-	000 IF YOU CHECKED BOX B, OR IF YOU CHECKED BOX C	32,00	١٥.
	ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?	52,00	•
	. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE		
	ER -0- ON FORM 1040, LINE 20B. IF YOU ARE G SEPARATELY AND YOU LIVED APART FROM YOUR		
	L OF 2017, BE SURE YOU ENTERED 'D' TO THE		
RIGHT OF THE	WORD "BENEFITS" ON LINE 20A.		
	RACT LINE 8 FROM LINE 7	10,984,93	11.
	IF YOU CHECKED BOX A OR D, IF YOU CHECKED BOX B		
\$-0-	IF YOU CHECKED BOX C	12,00	
	10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-	10,972,93	
12. ENTER THE SMA 13. ENTER ONE HAL	LLER OF LINE 9 OR LINE 10	12,00 6,00	
	LLER OF LINE 2 OR LINE 13	6,00	
	11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-		
16. ADD LINES 14 17. MULTIPLY LINE		9,332,99 34,91	
T. • MODITEDI DINE	T DI 030 (.03)	J4, J1	. ——
18. TAXABLE BENEF		34,91	.9.
* ALSO ENTER	THIS AMOUNT ON FORM 1040, LINE 20B		_

FORM 1040	STATE AND	LOCAL IN	COME TAX	REFUNDS	STATEMENT	4
		20	16	2015	2014	
GROSS STATE/LOCAL INCLESS: TAX PAID IN FOR		VIRGINI.	A 561.			
NET TAX REFUNDS VIR	GINIA		561.			
TOTAL NET TAX REFUND	S		561.			

FOR	м 1040	PERSONAL EXP	EMPTION WORKSHE	ET	STATEMENT 5
1.	IS THE AMOUNT	ON FORM 1040, LINE	38, MORE THAN TI	HE AMOUNT SH	OWN ON LINE 4
	BELOW FOR YOU	R FILING STATUS?			
		LTIPLY \$4,050 BY THE			CLAIMED
		1040, LINE 6D, AND EN	NTER THE RESULT	ON LINE 42.	
	YES. CONTINUE	t e e e e e e e e e e e e e e e e e e e			
2.		50 BY THE TOTAL NUMBE	ER OF EXEMPTIONS	S CLAIMED	
	ON FORM 1040,				8,100.
3.		UNT FROM FORM 1040, I			
4.	i	UNT FOR YOUR FILING S		313,800.	
	SINGLE		\$261,500		
		ING JOINTLY OR WIDOW			
	MARRIED FIL	ING SEPARATELY	\$156,900		
	HEAD OF HOU		\$287,650		
5.		4 FROM LINE 3. IF THE			
		2,500 (\$61,250 IF MAI			
_		STOP. ENTER -0- ON L		10,717,509.	
6.		BY \$2,500 (\$1,250 II			
		TELY). IF THE RESULT			
	-1	INCREASE IT TO THE 1			
		(FOR EXAMPLE, INCREAS	SE 0.0004		
_	TO 1)				
7.		6 BY 2% (.02) AND E	NTER THE RESULT		
_	AS A DECIMAL				
8.	MULTIPLY LINE	2 BY LINE 7			
^					
9.	SUBTRACT LINE	8 FROM LINE 2. TOTAL	L TO FORM 1040,	LINE 42.	

FORM 1040	TAXABLE STATE AND	LOCAL INCOME	TAX REFUNDS	STATEMENT	6
		2016	2015	2014	
NET TAX REFUNDS I LOCAL INCOME TAX		561.			
	SENEFIT DUE TO AMT BENEFIT REDUCTION	561.			
l NET REFUNDS F	OR RECALCULATION				
BEFORE PHASE	r subj to phaseout	58,117.			
6 MULT LN 5 BY 7 PRIOR YEAR AG		58,117. 46,494. 396,456.			
	ASEOUT THRESHOLD	311,300.			
(IF ZERO OR I 10 THROUGH 1	E 8 FROM LINE 7 LESS, SKIP LINES 5, AND ENTER LINE 1 ON LINE 16)	85,156.			
10 MULT LN 9 BY 11 ALLOWABLE ITI (LINE 5 LESS LINE 6 OR L	APPL SEC. 68 PCT EMIZED DEDUCTIONS THE LESSER OF	2,555. 55,562.			
13B PRIOR YR. STI	TEMIZED DEDUCTIONS D. DED. AVAILABLE LOWABLE ITEM. DED.	55,562. 15,100. 55,562.			
	GREATER OF LINE 13B FROM LINE 14				
(LESSER OF L 17 ALLOWABLE PR	INE 15 OR LINE 1) IOR YR. ITEM. DED. ID. DED. AVAILABLE	55,562. 15,100.			
20 LESSER OF LI	 E 18 FROM LINE 17 NE 16 OR LINE 19 AXABLE INCOME	40,462.			
* IF LINE 21	CLUDE ON FORM 1040, IS -0- OR MORE, USE IS A NEGATIVE AMOUN	AMOUNT FROM			0.
STATE AND LO	CAL INCOME TAX REFUN	DS PRIOR TO 2	014		
TOTAL TO FOR	M 1040, LINE 10				0.

FORM 1040	IRA	DISTRIBUTI	ONS		STATE	MENT	7
NAME OF PAYER				ROSS RIBUTION	TAXABL	E AMOUI	NT
WELLS FARGO CLEARING	3			961.		96	1.
TOTAL TO FORM 1040,	LINE 15			961.		96	1.
FORM 1040	WAGES RECEI	VED AND TAX	ES WITHHE	LD	STATE	MENT	8
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA I	MEDICA TAX	
S NORTHERN VIRGINIA COMMUNITY OFFICE O THE CONTROLLER T TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA T CELTICCAPRI CORP S GIACOPPA CORP	90,132. 371,159. 145,833. 100,000.	14,037. 95,923. 31,170.	8,653.		6,189. 7,886. 7,886. 6,200.	6,92 2,11 1,45	2. 5.
T UNITED STATES SENZ	12,963. 720,087.	3,847.	43,987.		28,965.	18	

FORM	1040	SELF-H	MPLOYED	HEALTH	INSURANCE	DEDUCTION	WORKSHEET	STATEMENT	9
	SEPH R.								
CI	ELTICCAP	RI CORI							
1	NONSPEC	IFIED H	EALTH IN	ISURANCI	E PAYMENTS			6,4	30.
2	NET PRO PLAN IS			OR BUS:	INESS UNDE	R WHICH IN	SURANCE	145,8	33.
3			ET PROFI		EARNED IN 9	COME.			
4	DIVIDE	LINE 2	BY LINE	3					
5	DEDUCTI	BLE POR	TION OF	SELF-E	MPLOYMENT	TAX			
6	LINE 4	TIMES I	INE 5						
7	LINE 2	MINUS I	LINE 6						
8			SEP, SIN			ED PLANS A	TTRIBUTABLE		
9	LINE 7	MINUS I	LINE 8. S	CORPO	RATIONS EN	TER WAGES	RECEIVED	145,8	33.
10	FORM 25 NAMED A	•	TE 45 ATT	RIBUTA	BLE TO THE	TRADE OR	BUSINESS		
11	LINE 9	MINUS I	INE 10					145,8	33.
12	SELF-EM LINE 1			INSURAN	CE DEDUCTI	ON. LESSE	R OF	6,4	30.

FORM 1040	EXCESS SOCIAL SECURITY TAX WORKSHEE	T STA	rement 10
		TAXPAYER	SPOUSE
THAN \$7,886.40 BE SHOWN IN BO TOTAL HERE 2. ENTER ANY UNCO GROUP-TERM LII	SECURITY TAX WITHHELD BUT NOT MORE FOR EACH EMPLOYER (THIS TAX SHOULD X 4 OF YOUR W-2 FORMS). ENTER THE LLECTED SOCIAL SECURITY TAX ON TIPS OR TE INSURANCE INCLUDED IN THE TOTAL ON	16,576.	12,389.
FORM 1040, LIN 3. ADD LINES 1 A		16,576.	12,389.
		•	-
4. SOCIAL SECURI	Y TAX LIMIT	7,886.	7,886.
	4 FROM LINE 3. EXCESS SOCIAL SECURITY IN FORM 1040, LINE 71.	8,690.	4,503.
FORM 1040	FEDERAL INCOME TAX WITHHELD	STA	TEMENT 11
T S DESCRIPTION			AMOUNT
	ENATE AL ASSOCIATION ONS NNEL MANAGEMENT M FORM 1099-SSA 24		14,037. 95,923. 31,170. 3,847. 60. 2,738. 21,539. 7,344. 1,540.
TODY 1040	OTT		
FORM 1040	OTHER TAXES	STA	TEMENT 12
DESCRIPTION			AMOUNT
FROM FORM 8959 FROM FORM 8960			4,325. 563.
TOTAL TO FORM 104	0, LINE 62		4,888.

SCHEDULE A STATE AND LOCAL INCO	OME TAXES STATEMENT 1
DESCRIPTION	AMOUNT
OFFICE OF PENSIONS	615
FROM K-1 - CELTICCAPRI CORP	3,298
NORTHERN VIRGINIA COMMUNITY OFFICE OF THE CO	
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	30,067
CELTICCAPRI CORP	8,653
UNITED STATES SENATE	696
DELAWARE PRIOR YEAR BALANCE DUE AND	
EXTENSION PAYMENTS - TAXPAYER	290
DELAWARE 4TH QTR ESTIMATE PAYMENTS - TAXPAYED	
CALIFORNIA FORM 592-B WITHHOLDING	43,750
DELAWARE PRIOR YEAR BALANCE DUE AND	958
EXTENSION PAYMENTS - SPOUSE DELAWARE 4TH QTR ESTIMATE PAYMENTS - SPOUSE	315,000
DELIAWARE 41H QIR ESTIMATE FAIMENTS - SPOOSE	
TOTAL TO SCHEDULE A, LINE 5	722,898
SCHEDULE A CASH CONTRIBUT	IONS STATEMENT
DESCRIPTION AMOUNT 100% LIMIT	AMOUNT AMOUNT 50% LIMIT 30% LIMIT
CATHOLIC DIOCESE OF WILMINGTON NORTHERN VIRGINIA COMMUNITY	25,000.
COLLEGE EDUCATION FOUNDATION,	
INC.	11,200.
ST. JOSEPH ON THE BRANDYWINE UNITED SERVICE ORGANIZATIONS,	25,000.
INC.	862.
	862. 1,600.
WESTMINSTER PRESBYTERIAN CHURCH WEST END NEIGHBORHOOD HOUSE,	1,600.
WESTMINSTER PRESBYTERIAN CHURCH WEST END NEIGHBORHOOD HOUSE, INC.	1,600. 50,000.
WESTMINSTER PRESBYTERIAN CHURCH WEST END NEIGHBORHOOD HOUSE, INC. MOTORCYCLE RELIEF PROJECT	1,600.
WESTMINSTER PRESBYTERIAN CHURCH WEST END NEIGHBORHOOD HOUSE, INC. MOTORCYCLE RELIEF PROJECT UNITED JEWISH FEDERATION OF	1,600. 50,000. 2,000.
WESTMINSTER PRESBYTERIAN CHURCH WEST END NEIGHBORHOOD HOUSE, INC. MOTORCYCLE RELIEF PROJECT UNITED JEWISH FEDERATION OF CHICAGO	1,600. 50,000. 2,000.
WESTMINSTER PRESBYTERIAN CHURCH WEST END NEIGHBORHOOD HOUSE, INC. MOTORCYCLE RELIEF PROJECT UNITED JEWISH FEDERATION OF CHICAGO DELAWARE BOOTS ON THE GROUND	1,600. 50,000. 2,000.
WESTMINSTER PRESBYTERIAN CHURCH WEST END NEIGHBORHOOD HOUSE, INC. MOTORCYCLE RELIEF PROJECT UNITED JEWISH FEDERATION OF CHICAGO DELAWARE BOOTS ON THE GROUND BOYS AND GIRLS CLUBS OF THE	1,600. 50,000. 2,000. 180,000. 10,000.
WESTMINSTER PRESBYTERIAN CHURCH WEST END NEIGHBORHOOD HOUSE, INC. MOTORCYCLE RELIEF PROJECT UNITED JEWISH FEDERATION OF CHICAGO DELAWARE BOOTS ON THE GROUND BOYS AND GIRLS CLUBS OF THE VIRGIN ISLANDS	1,600. 50,000. 2,000.
WESTMINSTER PRESBYTERIAN CHURCH WEST END NEIGHBORHOOD HOUSE, INC. MOTORCYCLE RELIEF PROJECT UNITED JEWISH FEDERATION OF CHICAGO DELAWARE BOOTS ON THE GROUND BOYS AND GIRLS CLUBS OF THE	1,600. 50,000. 2,000. 180,000. 10,000.
WESTMINSTER PRESBYTERIAN CHURCH WEST END NEIGHBORHOOD HOUSE, INC. MOTORCYCLE RELIEF PROJECT UNITED JEWISH FEDERATION OF CHICAGO DELAWARE BOOTS ON THE GROUND BOYS AND GIRLS CLUBS OF THE VIRGIN ISLANDS SANDY HOOK PROMISE FOUNDATION,	1,600. 50,000. 2,000. 180,000. 10,000. 5,000.
WESTMINSTER PRESBYTERIAN CHURCH WEST END NEIGHBORHOOD HOUSE, INC. MOTORCYCLE RELIEF PROJECT UNITED JEWISH FEDERATION OF CHICAGO DELAWARE BOOTS ON THE GROUND BOYS AND GIRLS CLUBS OF THE VIRGIN ISLANDS SANDY HOOK PROMISE FOUNDATION, INC.	1,600. 50,000. 2,000. 180,000. 10,000. 5,000.
WESTMINSTER PRESBYTERIAN CHURCH WEST END NEIGHBORHOOD HOUSE, INC. MOTORCYCLE RELIEF PROJECT UNITED JEWISH FEDERATION OF CHICAGO DELAWARE BOOTS ON THE GROUND BOYS AND GIRLS CLUBS OF THE VIRGIN ISLANDS SANDY HOOK PROMISE FOUNDATION, INC. DELAWARE ASSOCIATION OF POLICE	1,600. 50,000. 2,000. 180,000. 10,000. 5,000. 100.

DELAWARE DIVISION OF PARKS AND		
RECREATION	2,000.	
THE JOSEPH BIDEN FOUNDATION	100,000.	
COMMUNITY LEGAL AID SOCIETY,		
INC.	50,000.	
HUMAN RIGHTS CAMPAIGN FOUNDATION	25,000.	
MISSION K9 RESCUE	3,000.	
SAVE THE CHILDREN FOUNDATION,		•
INC.	15,000.	
CRANSTON HEIGHTS FIRE COMPANY		
NO. 1	15,000.	
DELAWARE TECHNICAL COMMUNITY		
COLLEGE EDUCATIONAL FOUNDATION	50,000.	
NANTUCKET DREAMLAND FOUNDATION	5,000.	
BEAU BIDEN FOUNDATION FOR THE		
PROTECTION OF CHILDREN	150,000.	
TRAGEDY ASSISTANCE PROGRAM FOR		
SURVIVORS	3,000.	
		
SUBTOTALS	1,013,762.	
TOTAL TO SCHEDULE A, LINE 16		1,013,762.

SCHEDULE A	ITEMIZED DEDUCTIONS WORKS	HEET	STATEMENT	15
	TITLE DEDOCTIONS WORKS			
1. ENTER THE TOT 9, 15, 19, 20	PAL OF THE AMOUNTS FROM SCHEDULE , 27, AND 28.	A, LINES 4,	1,774,1	95.
2. ENTER THE TOT 14, AND 20, P	AL OF THE AMOUNTS FROM SCHEDULE LUS ANY GAMBLING AND CASUALTY O DED ON LINE 28 AND ANY QUALIFIED	R THEFT	_,,,_,_	
INCLUDED ON I		CONTRIBUTIONS		0.
3. IS THE AMOUNT IF NO, YOUR D	ON LINE 2 LESS THAN THE AMOUNT DEDUCTION IS NOT LIMITED. ENTER BOVE ON SCHEDULE A, LINE 29.	ON LINE 1? THE AMOUNT		
IF YES, SUBTR	ACT LINE 2 FROM LINE 1.		1,774,1	95.
5. ENTER THE AMO	3 BY 80% (.80). UNT FROM FORM 1040, LINE 38.	1,419,356. 11,031,309.		
QUALIFYING WI	0 IF MARRIED FILING JOINTLY OR DOW(ER); \$287,650 IF HEAD OF 61,500 IF SINGLE; OR \$156,900			
IF MARRIED FI 7. IS THE AMOUNT	LING SEPARATELY. ON LINE 6 LESS THAN THE AMOUNT	313,800.		
ON LINE 5? IF NO, YOUR D THE AMOUNT FR LINE 29.	EDUCTION IS NOT LIMITED. ENTER OM LINE 1 ABOVE ON SCHEDULE A,			
	ACT LINE 6 FROM LINE 5.			
8. MULTIPLY LINE 9. ENTER THE SMA	7 BY 3% (.03). LLER OF LINE 4 OR LINE 8.	321,525.	321,5	25.
	D DEDUCTIONS. SUBTRACT LINE 9 TO ULT HERE AND ON SCHEDULE A, LIN		1,452,6	70.
SCHEDULE C-EZ	CDOGG DECETDED		CM2 MEMBER	1.6
PCHEDOLE C-EZ	GROSS RECEIPTS		STATEMENT	16
DESCRIPTION			AMOUNT	
GROSS RECEIPTS			8	62.
TOTAL TO SCHEDULE	C-EZ, LINE 1	•	8	62.

				
HEDULE SE NON-FARM INCOME				17
			AMOUNT	
	•		8	62.
SE, LINE 2			8	62.
RM 6251 PASSIVE ACTIVITIES				
	NET INCOM	E (LOSS)		
FORM	AMT	REGULAR	ADJUSTMEN	T
	11,319.	11,319.		
TRADE C	OR BUSINESS INCO	ME	STATEMENT	19
0, LINE 4B			-10,048,7	39.
STATE IN	COME TAX PAYMEN	rs	STATEMENT	20
			AMOUNT	
1				
TE TED PAYMENT				53. 96. 00.
	FORM FORM SCH E TON, TRADE C	PASSIVE ACTIVITIES PASSIVE ACTIVITIES NET INCOM AMT SCH E TON, 11,319. , LINE 19 TRADE OR BUSINESS INCOM 0, LINE 4B	PASSIVE ACTIVITIES PASSIVE ACTIVITIES NET INCOME (LOSS) AMT REGULAR SCH E TON, 11,319. 11,319. , LINE 19 TRADE OR BUSINESS INCOME	## AMOUNT SE, LINE 2 8

FORM 8960 STATE INCOME TAX PAYMENT	S STATEMENT 21
DELAWARE	
DESCRIPTION	AMOUNT
OFFICE OF PENSIONS 4TH QUARTER ESTIMATED PAYMENT	615. 315,000.
TOTAL TO STATE FORM 8960, LINE 10	315,615.

FORM 8582	ACTIVE R	ENTAL OF	REAL EST	ATE - WORKSHE	ET 1 STAT	TEMENT 22
	CURRENT YEAR		PRIOR YEAR	OVERALL GAIN OR LOSS		
NAME OF ACTIVITY	NET I	NCOME N	ET LOSS	UNALLOWED LOSS	GAIN	LOSS
COTTAGE -						
WILMINGTON, DE	11	,319.	0.		11,319.	
TOTALS	11	,319.	0.		11,319.	
FORM 8582	SUI	MMARY OF 1	PASSIVE	ACTIVITIES	STAT	EMENT 23
R R E A NAME		GAIN/LOSS	PRIOR S YEAR C		UNALLOWED LOSS	ALLOWED LOSS
X COTTAGE -	SCH E					
WILMINGTON, DE		11,319		11,319	•	
TOTALS		11,319	•	11,319	•	
PRIOR YEAR CARRYOV	RS ALLOW	ED DUE TO	CURRENT	YEAR NET ACT	= ====== IVITY INCOME	
TOTAL						